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SYMPOSIUM

Alienation and the Search for Identity

The Karen Horney
75th Anniversary Issue

A SYMPOSIUM ON

ALIENATION
AND THE SEARCH
FOR IDENTITY

Edited by FREDERICK A. WEISS, M.D.

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INTRODUCTION

FREDERICK A. WEISS

I see those frightful spaces of the universe which surround me, and I find myself tied to one corner of this vast expanse, without knowing why I am put in this place rather than in another, nor why the short time which is given me to live is assigned to me at this point rather than at another of the whole eternity which was before me or which shall come after me.

BLAISE PASCAL wrote this in 1661. To-day, three hundred years later, man, the finite being thrown into apparently infinite space, has begun to conquer "those frightful spaces of the universe." But he is more lonely and more anxious than ever. While man's outer space is expanding, his inner space is shrinking. As man makes new contact with the universe, he loses contact with his self. He shows, as Horney wrote, a "remoteness from his own feelings, wishes, beliefs and energies. It is a loss of the feeling of being an active determining force in his own life. It is a loss of feeling himself as an organic whole . . . an alienation from the real self."

Modern man becomes more and more alienated from his self and his fellow man, from his nature and his culture, from his work and his leisure, from his body and his sex, from his feelings and from his creative potential. This all-pervasive alienation has become a main phenomenon of our culture.

Is alienation imposed upon us or is it chosen? Is it being suffered or is it unconsciously wanted? Is there a meaning in the apparent meaninglessness? Is there activity hidden in the apparent apathy? Is the process of alienation part of the unchangeable tragic fate of man, or does it contain man-made and, therefore, changeable aspects?

What happens to the spontaneity, vitality, and creativity of the child when it grows up? Must growing up mean a slowly increasing alienation because of a steadily growing need for self-deception and conforming? Or are there avoidable nonbiological factors in the early emotional environment of the child and in our culture which foster and reinforce alienation? Some of the papers of this Symposium in the sections on "Alienation and Self" and "Alienation and Culture" attempt to give an answer.

Man is a bio-psycho-social organism. His healthy growth as well as his alienation therefore have individual, social, and cultural roots. Thus it is not surprising that at this time, when our holistic study of man and our understanding of man as an integrated individual are still incomplete (although more complete than in Freud's time), the phenomenon of alienation is being viewed in a great diversity of contexts.

Alienation is being seen as the unavoidable result of civilization and its discontents (Freud); as an expression of the centuries-old subject/object dichotomy in Western thought (Binswanger); as the result of a cultural orientation

that overfocuses on the conscious, the rational, and disregards the unconscious, emotional aspects of man (Jung); as the dehumanizing effect of a modern social system which emphasizes mechanization and conformity (Fromm), which generates excessive anxiety by the threat of atomic war, and which in the process of rapid social change uproots the individual (Erikson). On the other hand, self-alienation, while a pathological phenomenon, has proved to be a prerequisite for survival for many in the still more pathological and destructive milieu of German concentration camps.

Karen Horney saw the main source of alienation in man himself. Man is born with a potential for healthy growth and self-realization. Basic anxiety, however, and a compulsive need for self-idealization lead to steadily increasing alienation from the self. Horney by no means disregarded cultural factors. On the contrary, she was one of the first to recognize the self-alienation of modern man. She described the pathogenic influences of our culture, which lets man become a mere cog in an intricate social system, which interferes with man's inborn needs for relating and co-operation by making aggressive competition a condition of survival.

Searching for the roots of alienation, Horney, in ever more converging circles, moves from the periphery to the center. First she sees neuroses mainly as the expression of disturbances in interpersonal relationships. Incompatible, compulsive needs for love, mastery, or freedom create a "basic conflict" in the neurotic personality of our time. Later, however, still aware of the cultural and interpersonal aspects, she finds the dynamic center of alienation in man's relation to himself.

Man faces the "central conflict" between self-realization and self-idealization. This central conflict is more or less identical with the existential conflict between being and becoming more and more one self, gaining a growing sense of identity with freedom of choice and commitment, and escaping further from oneself, from the burden of identity and commitment and thereby becoming more and more a stranger to oneself. Alienation is an inevitable result of the neurotic development. Simultaneously, it is the most comprehensive attempt at avoiding self-awareness, anxiety, and conflict.

The alienated patient challenges psychoanalysis as theory and as therapy. The problems of alienation and identity are as crucial in our age as the problem of sexuality appeared to Freud in his time. The goal of psychoanalytical therapy is to lessen the patient's alienation, to reconnect him with his self and his fellow man, and to help him in his search for identity. To realize its creative potential, psychoanalysis itself has to outgrow alienated concepts of personality as well as alienating techniques in therapy. The papers in the section "Alienation and Therapy" reflect this emphasis.

The true task of the psychoanalyst today cannot be to dispense tranquillizing reassurance and thereby to perpetuate the alienation of his patient. He has to help the patient to confront the anxiety and conflict which, in his search for identity, he has to face on the road to his self and his fellow-man. The patient's growing autonomy will also strengthen his immunity against the "virus" of alienation. This virus grows wherever a cultural atmosphere overemphasizes prestige and success, indulges in racial or national self-glorification and in cynicism with regard to moral values, reifies human relations in the family and community, and dehumanizes work and leisure.

The life histories of our patients re-

veal the many ways in which such factors reinforce trends toward self-alienation. The psychoanalyst will not let the patient externalize his conflict and his alienation onto the culture and thereby let him lose his chance for constructive change and healthy growth; but, I believe, he will look forward to a cultural reorientation which, in the words of Karen Horney, "gives as many individuals as possible the freedom to strive toward their self-realization."

ON ALIENATED CONCEPTS
OF IDENTITY

Ernest G. Schachtel

In daily life the question of identity arises when we want to claim something from the post office, or when we want to pay by check in a store where we are not known, or in crossing a border. On such occasions we are asked: "Who are you, so that I can know for sure it is you and nobody else?" And we establish our identity by showing a driver's license or a passport or some similar document which tells our name, our address, the date of our birth, and perhaps some physical characteristics. Together, these will tell us apart from anybody else and will also establish that we are the same person that was born on such and such a date. We have *papers* to establish our identity, and this paper-identity is something fixed and definite. This is also the meaning of the word "identity," as applied to people, for the average person.

Such paper-identity seems far removed, at first glance, from the current concern of psychoanalysts, philosophers, and other students of the contemporary scene, with man's search for and doubt in his identity. But actually it is quite central to it. It is a telling symbol of alienated identity. It is a kind of identity which is the product of bureaucratic needs of commerce or administration. Its most gruesome and tragic manifestations occurred in our time when men's identities were reduced to numbers in concentration and extermination camps, and when countless people fleeing from the terror of the totalitarian states were shunted from country to country because they did not have the right paper-identities.

In the case of paper-identities, the person who demands and examines one's papers is the one who, in his role as an official, is alienated from the other person as a human being. Similarly, the guards in the concentration camps were alienated from their victims. However, many of these victims, systematically robbed of any meaningful purpose and dignity in their lives, succumbed to their tormentors and lost their sense of identity long before they lost their lives.

In our own and many other societies the loss of identity takes place without the terror of the concentration camps, in more insidious ways. I have described elsewhere how many people in our time tend to think of their lives as though they were answering the kind of questionnaire that one has to fill out when, for example, applying for a passport.[1] They tend to accept the paper-identity as their real identity. It is tempting to do so because it is something fixed and definite and does not require that the person be really in touch with himself. The paper-identity corresponds to the

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logical propositions concerning identity: $A = A$, and A is not non-A.

But man is not a logical proposition and the paper-identity does not answer the question who this person, identified by some scrap of paper, is as a person. This question is not simple to answer. It has haunted many people increasingly in the last hundred years. They no longer feel certain who they are because in modern industrial society, as Hegel and Marx first showed, they are alienated from nature, alienated from their fellow men, alienated from the work of their hands and minds, and alienated from themselves. I can only state here my belief that self-alienation, the doubt about and search for identity, always goes together with alienation from others and from the world around us.

The problem of identity and alienation from the self came to the attention of psychoanalysts in the last thirty years when they observed its role in an increasing number of patients. Karen Horney formulated it as the problem of the real self, as distinguished from the idealized self-image;[2] Fromm as the problem of the original, real self as distinguished from the conventional or pseudo-self*;[3, 4] Erikson, who has made the most detailed study in the development of the sense of identity, as the problem of ego-identity.[5]

Many patients who come to us suffer in one form or another from the lack of a sense of identity. This may take the form of feeling like imposters—in their work, or in relation to their background, their past, or to some part of themselves that they repress or consciously want to hide because they feel

ashamed or guilty. Or else they feel that they *ought* to *have* something they lack or imagine they lack, such as material possessions, prestige, or certain personal qualities or traits; or they feel that a different husband or wife, or friends different from those they have, would give them the status they want and thereby, miraculously, transform them into full-blown persons. When the lack of a sense of identity becomes conscious, it is often experienced—probably always—as a feeling that compared with others one is not fully a person.

Among adults one can observe two frequent reactions to the conscious or unconscious feeling of not being fully a person, of not having found an identity acceptable to oneself. One is an anxious retreat or depressive resignation, or a mixture of these. The other is a more or less conscious effort at disguise, at playing a role, at presenting an artificial façade to the world. These reactions are not mutually exclusive. They usually occur together, one of them being more emphasized or closer to consciousness than the other. The fear of exposure is present in both, but especially strong in people who rely on a façade. They tend to feel that they travel with a forged passport, under an assumed identity. When their disguise and the reasons for it have been analyzed, the sense of a lack of identity often comes to the fore as strongly as in those who, to begin with, have been aware of and suffered from the feeling of not really or fully being a person with a meaningful place in life. Both tend to feel that they do not really know who they are, what they want, or how they feel about other people.

When these people consult an analyst, they often expect, implicitly or explicitly, that he will tell them who they are or who they should be. Their wish and search is for a *definite, fixed iden-*

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* In his latest book he seems to see the real self in what he calls "universal man" and considers the conscious self, especially the social self, as alienated from this universal man who, in turn, is repressed.

tity. They want to be a *personality.* Often these are people who suffer from over-adaptation to whatever situation they are in, and to whomever they are dealing with at the moment. They have been described pointedly in several plays and stories by Pirandello. They long for a definite, fixed, circumscribed personality. "Having" such a personality, as one has a possession, they hope will solve their dilemma. Having such a personality, they feel, is good; not having it, bad. Their wish to "possess" a definite identity does not and cannot solve the problem of their alienation from themselves, because it actually is the continuation of alienation. They want to substitute a fixed, reified personality for the on-going process of living, feeling, acting, and thinking in which alone they could find themselves. They search for a definite, stable shell called "personality" to which they want to cling. Their quest is self-defeating, because what they search for is an alienated concept of a thing, rather than a living, developing person. Their wish is a symptom, not a cure. In this symptom, however, both the malady of alienation and the longing for a more meaningful life find expression, even though in a way which perpetuates the ill from which they seek to escape. The self-conscious preoccupation with this wished-for magic object called "personality" interferes with the actual experience of living.

In calling the object of these people's search an alienated "concept" of identity, I do not mean a scientific or even an explicit concept. I am describing an implicit concept, which becomes apparent only in the analysis of the underlying, often not conscious, assumptions that direct this kind of search. This applies equally to the following examples of alienated concepts of identity.

There is one psychoanalytic term that has gained wide popularity and in popular use has changed its meaning. Such popular use always indicates a significant fact about a society and therefore deserves our attention. I refer to the term "ego." People say that something is good or bad for their "ego." They mean by this that their self-feeling—in the sense of the status which they accord to themselves—rises when something is good and falls when something is bad for their ego. In this usage ego is only part of the person.[*] My "ego" is not identical with "I" or "self." It is not identical with the I who is well or ill, who sees and hears and touches and tastes and smells, who acts, walks, sits, stands, lies, who is moved by others, by what is seen and experienced. Moreover, what is "good" or "bad" for my ego is not at all necessarily good or bad for me, although I may be inclined to think so. The popular "ego" gains from success, winning in competition, status, being admired, flattered, loved; it does not gain from facing the truth, from loving somebody else, from humility. It behaves like a stock or a piece of merchandise endowed with self-awareness: if it is much in demand it rises, is blown up, feels important; if not, it falls, shrinks, feels it is nothing.[†] Thus, it is an *alienated* part of the self. But while it is only part of the self, it has the tendency to become the *focal point* of the feeling of identity and to dominate the

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[*] The psychoanalytic concept of ego also is not identical with the whole person, but its relation to the total personality is radically different from the relation of the popular ego to the total personality, and most of the ego-processes, in the psychoanalytic meaning of the term, are not part of the popular "ego."

[†] Some psychologists who speak of "ego involvement" adopt in this phrase the described popular meaning of "ego." The term usually means that a person's ambition is involved in wanting to be successful in some task or situation.

whole life of the people who are involved with their "ego" to a significant degree. Their mood fluctuates with their "ego." They are haunted by their "ego" and preoccupied with its enhancement or its downfall. They no longer seem to feel that they have a life apart from their "ego," but they stand or fall with it. The "ego" has become their identity and at the same time the main object of their worry, ambition, and preoccupation, crowding out any real concern with themselves and with others. The popular ego can serve as the most important model of an alienated concept of identity, even though it may be surpassed in rigidity and fixedness by some other examples of such concepts, to which I shall turn now.

In her thoughtful book, *On Shame and the Search for Identity*, Helen Lynd quotes Dostoevsky's Mitya Karamazov who, on trial for the murder of his father, suffers his worst misery when the prosecutor asks him to take off his socks. "They were very dirty . . . and now everyone could see it. All his life he had thought both his big toes hideous. He particularly loathed the coarse, flat, crooked nail on the right one and now they would all see it. Feeling intolerably ashamed. . . ."[6] The accidental, unchangeable appearance of his feet, of the nail of his right big toe, here becomes the focal point of his identity. It is on this that he feels the peasants who stand around him and look at him will judge him and that he judges himself. Very often real or imagined physical attributes, parts of the body image or the entire body image, become focal points of identity. Many people build around such a negative identity the feeling that this particular feature unalterably determines the course of their lives, and that they are thereby doomed to unhappiness. Usually, in these cases, qualities such as attractiveness and

beauty are no longer felt to be based on the alive expression and flux of human feelings, but have become fixed and dead features, or a series of poses, as in so many Hollywood stars or fashion models. These features are cut off from the center of the person and worn like a mask. Unattractiveness is experienced as not possessing this mask.

In the same way, other real or imagined attributes, or the lack of them, become focal points for a reified, alienated, negative identity. For example: feeling not sufficiently masculine or feminine, being born on the wrong side of the tracks, being a member of a minority group against which racial or religious prejudices are directed, and, in the most general form, feeling intrinsically inadequate or "bad." I do not imply, of course, that in our society the accidental circumstance of being born as the member of one social, national, or religious group or class rather than another does not result in very real, objective difficulties, disadvantages or privileges. I am concerned here only with the *attitude* which the person takes toward such handicaps or advantages, which is important for his ability to deal with them. In this attitude the structure of the sense of identity and the way in which such factors as the social background and innate advantages or handicaps are incorporated in the sense of identity play a decisive role.

What are the dynamics of such alienated concepts of identity? Sometimes they crystallize around repeated parental remarks which, rather than referring to a particular act of the child, say or imply that the child *is* or *lacks*, by its very nature, such and such; that Tom is a lazy good-for-nothing or that he is "just like Uncle Harry," who happens to be the black sheep in the family. Frequently they develop from an ego-ideal that is alien to the child's own per-

sonality, but about which he has come to feel that, unless he is such and such, he is nothing.* Whatever their genetic origin, I shall consider here mainly the phenomenological structure of alienated identity concepts and the dynamics of this structure which tend to perpetuate self-alienation.

By making some quality or circumstance, real or exaggerated or imagined, the focal point of a reified identity, I look upon myself as though I were a thing (res) and the quality or circumstance were a fixed attribute of this thing or object.† But the "I" that feels that I am this or that, in doing so, distances itself from the very same reified object attribute which it experiences as determining its identity and very often as a bane on its life. In feeling that I am such and such, I distinguish between the unfortunate I and the presumably unalterable quality or lack which, for all time, condemns me to have this negative identity. I do not feel that *I* am *doing* this or that or failing to do it, but that there *is* a something in me or about me, or that I lack something and that this, once and for all, *makes* me this or that, fixes my identity.

* I cannot discuss here the genetic individual and social causes of self-alienation and of the formation of alienated identity concepts. Regarding the social roots of alienation, compare Erich Fromm, The Sane Society, Rinehart & Company, New York, 1955. Regarding the individual vicissitudes of the development of the sense of identity, compare Erik H. Erikson, Identity and the Life Cycle, International Universities Press, New York, 1959 (Monograph 1, Psychological Issues); Edith Jacobson, The Self and the Object World, The Psychoanalytic Study of the Child, 1954, Vol. IX, 75-127. Compare also the sections on perception and on memory in Ernest Schachtel, op. cit.

† The significance of such fixation has been emphasized by D. J. van Lennep, The Four-Picture Test, in: Harold H. and Gladys L. Anderson, eds., An Introduction to Projective Techniques, Prentice-Hall, Inc., New York, 1951, 153-4.

The person who has this attitude toward himself usually is unaware of its being a particular attitude with concrete and far-reaching implications. He takes his attitude for granted as a natural, inevitable one and is aware only of the painful self-consciousness and self-preoccupation it involves. He cannot imagine how anyone with his "fate" could have any other attitude.

The two most significant implications of this attitude to oneself are 1) the severance from the living I of the reified attribute which is experienced as a fixed, unchangeable quality, and 2) the severance of this reified attribute from its dynamic and structural connection with other qualities, needs, acts, and experiences of the person. In other words, the reified attribute is cut off from the living, developing, fluctuating I in *time,* since it is experienced as immutable. But it is also cut off from being experienced as an *integral* part of the living personality, connected with the totality of the person's strivings, attitudes, perceptions, feelings, with his acting and failing to act.

In reality, of course, we can observe that certain actions, moods, and experiences cause changes in the role of the negative identity in the conscious feelings and thoughts of the person. However, he usually does not experience the reified attribute which forms the core of his negative self-feeling as something connected with, and due to, his own actions and attitudes, but as something fixed on which he has no influence. Furthermore, just as the person's feeling about himself may fluctuate with the ups and downs of his "ego," * so it also varies with the intensity of the negative self-feeling based on some reified attribute which, at times, may disappear altogether from the conscious

* See above, page 122.

thoughts of the person. However, when it reappears it is "recognized" as the same unfortunate quality that throughout the past has tainted—and will forever taint—the person's life. Thus, in spite of such fluctuations, the alienated attribute is experienced as a "something" that basically does not and cannot change.

To be saddled with a reified, negative identity seems, on the face of it, nothing but a painful burden. Yet one often can see people cling to such negative self-images with a great deal of stubbornness and in the face of contradictory evidence. In psychoanalytic therapy, it is often seen that the patient who comes for help tries to convince the therapist that nothing can be done for him, since he is born with such and such a handicap or without such and such an advantage. On closer scrutiny, one may find that such insistence by the patient on the hopelessness of the situation has a way of occurring at a point when the patient is afraid to face an issue, or when he wants to be pitied rather than helped. Thus, the reified identity concept often provides a protection against an anxiety-arousing challenge, a way out of a feared situation, and thereby a certain relief.

This relief is dynamically similar to the relief observable in certain hypochondriacal and paranoid patients. It sounds paradoxical to speak of relief in the case of patients who are so obviously beset by worry, suffering, and fear as the hypochondriac and the paranoid. However, as Sullivan has pointed out, the hypochondriacal patient who is preoccupied with imagined, anticipated, or real ailments sees himself as the "customarily handicapped" one and thereby avoids the anxiety-provoking prospect of facing and dealing with his real problems. His hypochondriacal preoccupation gets the patient, in Sullivan's words, "off the spot with himself"— namely, off the spot where he would have to deal with his realistic personality problems.*

The person living with an alienated and reified, negative identity concept of himself closely resembles the hypochondriacal patient, except that his unhappy preoccupation concerns not a physical ailment but a reified physical or psychic quality that has become the focal point of his self-image. The relief he gains from his burdensome preoccupation is due to the fact that the reified "bad" quality no longer is viewed as part of the on-going process of living and of goal-directed thought and action. It has been severed from the "I" that acts with foresight and responsibility and is looked upon as an inherent, unalterable, unfortunate something, an ossified part of oneself that no longer participates in the flux, growth, and development of life. It is experienced as an unchangeable fate whose bearer is doomed to live and die with it. The relief this brings is that the person no longer feels *responsible* for the supposed consequences of this fixed attribute; he is not *doing* anything for which he can be blamed, even though he may feel ashamed and unacceptable for *being* such and such. The preoccupation with the reified identity directs attention away from what he *does* to what he supposedly *is*. Furthermore, he now no longer has to do anything about it because, obviously, he can't do anything about it. Thus, the anxiety, fear, and effort that would be connected with facing and acting upon the real problem is avoided by putting up with the

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* For this analysis of the dynamics of hypochondria and for the close relation between hypochondria and paranoia see Harry Stack Sullivan, The Interpersonal Theory of Psychiatry, W. W. Norton, New York, 1953, 355-358, 362-363.

negative, fixed identity which, in addition, may be used to indulge self-pity and to enlist the sympathy of others.

The similarity in the dynamics of hypochondria and paranoia, on the one hand, and the alienated, reified self-concept, on the other, lies in this *shift of responsibility and of focus* from my own actions and conduct of life to something else over which I have no control. In the alienated self-concept this something else is a reified quality, or the lack of such a quality; in hypochondria an ailment, real or imagined; in paranoia the delusional persecutors. The difference between paranoia and the alienated self-concept lies in the fact that in paranoia the shift in responsibility is brought about by delusions distorting reality, while in the alienated, negative identity concept it is brought about by an attitude which excludes part of oneself from the process of living and freezes it into a cancer-like, uncontrollable, and unalterable thing. This "thing" very often also becomes the focus, in the paranoid neuroses, of the imagined judgments, observation, and talk of other people about the patient. He believes that, just as his own thoughts tend to revolve around some reified and alienated quality, other people will be similarly preoccupied with this quality in him.

So far I have discussed mainly negative self-images. However, alienated identity concepts may be positive as well as negative. Alienated identity of the positive variety occurs in vanity, conceit and—in its more pathological form—in delusions of grandeur, just as in its negative counterpart the "I" of the vain person is severed from a fixed attribute on which the vanity is based. The person feels that he *possesses* this quality. It becomes the focal point of his identity and serves at its prop. Beauty, masculinity or femininity, be-

ing born on the right side of the tracks, success, money, prestige, or "being good" may serve as such a prop. While in the negative identity feeling a reified attribute haunts the person, such an attribute serves the positive self-image as a support. Yet it is equally alienated from the living person. This is expressed nicely in the phrase "a stuffed shirt." It is not the person in the shirt but some dead matter, some stuffing that is used to bolster and aggrandize the self-feeling. It often becomes apparent in the behavior of the person that he *leans* on this real or imagined attribute, just as it often is apparent that a person feels pulled down by the weight of some alienated negative attribute.

The reliance on an identity, on a self-image based on the prop of some reified attribute remains precarious even where it seems to work, after a fashion, as it does in the self-satisfaction of the vain. This precariousness is inevitable, since the positive self-evaluation of such a person does not rest on a feeling of wholeness and meaningfulness in life, in thought, feeling, and deed. He is always threatened with the danger of losing this "thing," this possession, on which his self-esteem is based. This is the theme of Oscar Wilde's novel, *The Picture of Dorian Gray.* Dorian Gray exchanges his identity with the portrait of his youthful charm. He becomes the picture of himself as the beautiful youth, alienated from his actual life, which affects the portrait he has hidden in the attic, marking it over the years with his cruelty, selfishness, and greed, and with his advancing age. The portrait is the skeleton in the closet, the secret threat that hangs over the unchanging mask. Today, especially in this country where youth has become a public fetish, many thousands try to preserve its alienated mask while terrified by the prospect of suddenly grow-

ing old, when the mask can no longer be worn or will become grotesque.

I believe that in every case of alienated identity concepts there is a secret counterimage. In Dorian Gray, this is the actual, living person, transplanted to the portrait. Very often such a hidden self announces itself merely in a vague background feeling that the person would be lost, would be nothing if it were not for the alienated, reified quality on which the feeling of being something, somebody, or the feeling of vanity, is based. In this feeling both a truth and an irrational anxiety find expression. The truth is that no man who looks upon himself as a thing and bases his existence on the support of some reified attribute of this thing has found himself and his place in life. The irrational anxiety is the feeling that without the prop of such an attribute he could not live.

Similarly, in the negative alienated identity concepts there usually is a positive counterimage. It may take a generalized, vague form: If it were not for such and such (the reified attribute forming the focus of the negative identity), I would be all right, successful, wonderful, etc. Or it may take the more concrete form of some grandiose, exaggerated fantasy about one's positive qualities. These positive counterimages, too, express both an irrational hope and a truth. The irrational hope is that one may have some magical quality which will transport him into a state of security, or even superiority, because then he will possess that attribute which, instead of haunting him, will save him. But actually it is nothing but the equally reified counterpart of what at present drags him down. The truth is that man has potentialities for overcoming his alienation from himself and for

living without the burden and the artificial props of alienated, reified identity concepts.

Goethe, in an interpretation of the Delphic word, "Know thyself," distinguishes between helpful self-awareness and futile and self-tormenting rumination. He opposes the "ascetic" interpretation he finds among "our modern hypochondrists" and those who turn their vengeance against themselves. Instead, he sees the real meaning of self-knowledge in taking notice of oneself and becoming aware of one's relation to other people and to the world.[7] The pseudo-self-knowledge against which he speaks foreshadows the widespread present-day self-preoccupation which is concerned, fruitlessly, with an alienated, negative sense of identity. In contrast to this, Goethe counsels a productive self-knowledge: to pay attention to what one is actually doing in his relation to others, to the world and—we might add —to himself.

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DISCUSSIONS

DAVID E. SCHECTER, M.D., New York: *
On the day preceding the symposium on
which this volume is based I received a gift
of a book called, *Zen Flesh, Zen Bones*.[1]
When I opened the book the first story my
eyes fell upon, the "Calling Card," seemed
to capture exquisitely the spirit of Schach-
tel's "alienated concept of identity":

*Keichu, the great Zen teacher of the
Meiji era, was the head of Tofuku, a
cathedral in Kyoto. One day the gov-
ernor of Kyoto called upon him for
the first time.*

*His attendant presented the card of
the governor, which read: Kitagaki,
Governor of Kyoto.*

*"I have no business with such a fel-
low," said Keichu to his attendant.
"Tell him to get out of here."*

*The attendant carried the card back
with apologies. "That was my error,"
said the governor, and with a pencil
he scratched out the words Governor
of Kyoto. "Ask your teacher again."*

*"Oh, is that Kitagaki?" exclaimed
the teacher when he saw the card. "I
want to see that fellow."*

Schachtel's lucid description of alienated
concepts of identity poses a real challenge
to the understanding of these phenomena
in the light of psychoanalytic theory. We
have witnessed in recent years a theoretical
expansion of Freud's basic framework in
order to account for the very phenomena
which Schachtel graphically brings to our
attention.

Much of what Schachtel refers to as "the
structure of the sense of identity" may be
subsumed in the psychoanalytic concepts of
"identification" and "ego identity."[2] The
ego identity is seen as a structure that has
both integrated and transcended earlier
childhood identifications. Identification and
identity-formation are the conceptual links
between the individual and his culture and
provide us with keys to understanding how

certain aspects of the personality remain
alien and unintegrated while others are ex-
perienced as belonging to the self. Identifi-
cation is seen as a process by which the
psychic structure of an individual is altered
in the direction of similarity to that of a
person significant to his existence.* Identi-
fication is central to the process of separa-
tion and individuation from the original
symbiotic child-parent unit. The study of
the development of such identifications
and their integrations would illuminate the
structure of the identity including its alien-
ated aspects.

If the identification process arises under
conditions of stress, such as fear, or loss of
the love object, we note that the ensuing
identification with that object is charac-
terized by a defensive, rigid, compelling
quality. By means of substitutive internali-
zation the identification serves as a defense
against the anxiety of separation or of loss
of dependent relationship. We might say
the individual tries to build intrapsychic
structure where interpersonal structure is
breaking down. A somewhat similar process
occurs in normal development. However,
under conditions of traumatic loss, exces-
sive anxiety, or premature weaning from
an appropriately dependent relationship,
the defense identification becomes exagger-
ated, urgent, and stands apart, uninte-
grated with the rest of the personality. The
self feels driven and whipped by the striv-
ings and images associated with these patho-
logical identifications. The very meaning of
the self, as Schachtel has described, becomes
attached to the attainment of these alien-
ated images and strivings.

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* By contrast, there is another mode of re-
latedness that characterizes interpersonal rela-
tions: the mode of object attachment or need-
oriented relatedness (the anaclitic mode). The
transactional relations between the identifica-
tory and anaclitic modes, i.e., between identifi-
cation and need-attchament, are considered
in a paper delivered before the William
Alanson White Psychoanalytic Society, Febru-
ary 14, 1961, (Schecter, David): "Psychoanalytic
Conceptions of the Identification Process."

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faculty of the William Alanson White Institute
of Psychiatry, Psychoanalysis and Psychology.

The above description may be especially true for identifications that are part of the ego ideal—that part of the personality that largely defines what we "ought to be." Many of the phenomena Schachtel describes are related to the discrepancy between aspects of the ego ideal ("what I ought to be"), and the self-image ("how I see myself"). The greater this discrepancy the more the ego relies upon fantasies that are not connected with the real capacities of the self. With this alienation of ego ideal from self-image we find an urgent attempt to reunite the two by achieving the aims of the ego ideal at all costs. Schachtel describes how the individual will search for a fixed identity as a "possession," how he will "cling" to it, how he "leans on" the reified attribute of the alienated identity. I believe these expressions I have quoted from Schachtel describe the attempt at union with the alienated ego ideal which is largely, but not simply, representative of his dependent relationships to his idealized parents. The child who does not receive validation and acceptance desperately tries to obtain them by incorporating ersatz symbolic substitutes of status, popularity, power. His life career is then motivated largely by the attempt to approximate these substitutive symbols. We note how frequently, upon the achievement of such alienated goals, there is often severe depression and, in rare cases, suicide. The depression occurs upon the conscious or preconscious insight of the falsely substitutive quality of such symbols. The patient speaks of feeling "cheated" or "deserted" by his hope upon the very achievement of his success. This phenomenon frequently represents, symbolically, a repetition of the original sense of disappointment or disillusion in his parents.

The conditions for healthy identification, by contrast, are characterized by a continuity of trust in the relationship to the object of identification, and an opportunity for a degree of fluidity between the anaclitic and identificatory modes. That is to say, after ventures into more active, individuated roles, representing underlying identifications, the child (and even the adult) may need to feel free and sufficiently un-ashamed to gratify more dependent needs at an appropriate level of interpersonal mutuality. Trust is the nutriment for healthy identification, and its lack results in a defensive warping or actual breakdown in the identification process. The ultimate of the "alienated identity concept" is seen in the schizophrenic patient and the "as-if" personality described by Helene Deutsch,[3] where a desperate attempt to maintain a dissolving sense of identity is made by the mimicry of gestures, speech, and manners of other persons.

The new focal points of an alienated identity (whether the "good boy," "the powerful one," or "the masculine one") are characterized by their dependency on outside judgment and evaluation, and are lacking in inner conviction that they are related to the subject "I." The individual with such identifications will feel observed and judged, will feel himself as object rather than subject, will feel attached to and dependent on his judge *or* his admirer. As Fromm[4] points out, for the phenomenon of idolatry the real powers of the self are projected and bestowed upon the alienated image of what we should become. The ego ideal here is experienced as ego-alien, and the ego as passive and submissive to the ideal. The ego often will attempt to assert its autonomy by "passive resistance" and by forms of "sit-down strike" and "guerrilla warfare," as we see in the phenomena of work inhibition, procrastination, and immature rebelliousness.

Schachtel notes the striking clinical fact that people cling to their negative self-attributes and seem to derive the gratification of self-pity and evasion of responsibility in so doing. However, in analyzing the structure of such defenses we often see that the pity the patient seeks is unconsciously related to the burden of his guilt-born identifications. He attempts to convert the necessity of passive guilty suffering into the virtue of "pseudo-active" martyrdom. He tends to convert unconscious self-blame into blame of others. He tries to evade a primitive overweaning conscience by shifting the responsibility to others, to his "failing body," or to a reified self-attribute, as Schachtel points out.

In the notion of the "counterimage" to the alienated identity concept, we see the depth of significance to a defensive structure in which can be found hidden the "longing for a more meaningful life," in Schachtel's words. It is especially for this reason that the defense structure of a patient in psychoanalysis must be treated with utmost respect. A moralistic confrontation of this structure may lead to panic or to a thicker defensive façade, in the forms of compliant submission, self-flagellation, increased helpless dependence on the analyst, as well as to a serious fall in self-esteem. As I see it, one of the ways psychoanalysis pays its respect to the defensive system and hence to the patient is by investigating the conditions of its origins, the crossroads at which defenses were erected and decisions were made, impulsively or compulsively, without a sense of choice. A dynamic approach always implies the genetic dimension. The defense was born out of a conflict of forces and, in a sense, the defense represents these forces, those of "authentic" as well as "alienated" development, as Schachtel demonstrates in his notion of the "counterimage."

Man has to actively overcome his existentially given propensity to alienation which is based on his capacity to experience himself in the dual modes of subject and object. He cannot erase his dualistic nature by denying either mode, as the ultra-scientist or ultra-mystic attempts to do. At best, he can try to achieve a sense of harmony in his split which is engendered by his dual modes of experience and exacerbated by a lingering sense of separateness, his heritage of his early individuation from the symbiotic matrix. Man has also to actively overcome the alienation which is fostered in him by mass culture, where human feelings and aspirations are becoming homogenized into standard expectations and forms. Authentic self-identity is thus rarely, if ever, given by simple privilege or grace. It is achieved rather by the transcendence of alienated experience through a series of developmental crises and tasks.

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BERNARD ZUGER, M.D., New York:[*] Dr. Schachtel has shown how prevalent is the search for an alienated identity. It extends from what can be considered normal for our culture to that which is frankly pathological. But what makes it alienated is that it is predetermined, and as such it can be nothing but an illusion. It precludes organic development, and when attained it leaves the individual still a stranger to himself.

For in the search for a personality that already has bounds, the individual has immediately performed a separation between himself and what he seeks. He has jeopardized his development as a whole person. In many areas the individual remains the same, no matter how intricate the structure he builds for himself and no matter how authentic it appears on the surface. And when attained, it becomes a great burden. Thence the cry so often heard from our patients: "If only I weren't so self-conscious . . . if only I could forget myself for a little while. . . ."

All areas of the personality suffer. Work, for instance, is not motivated by immediate satisfaction, as much as that can be attained in our society, but by how it sets up the individual in comparison with others. There are always others to compare oneself with, and there is no rest. The individual cannot entrust himself to the world. Activity, other people are seen only as they allow aggrandizement of a positive image

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of himself, or bring into awareness a negative image (the "popular ego"). Accomplishment, approbation are not simply the by-products of life lived as an organic whole, but become objectives themselves, with the result that attainment is overvalued and failure becomes catastrophic. Envy and vindictiveness of course rear their heads.

Dr. Schachtel has indicated that apparently simple objectifying on body parts as identities may be counterweighted by opposite feelings about oneself. I think that that should be underscored. The counter-balancing may indeed be a fabulous grandiosity, without there being dissociation or psychosis. As an example, I want only to mention a fifteen-year-old girl who was very sensitive about an intermittent darkening of a small area of her face (melasma or chloasma?), not too noticeable at worst. She had difficulty in going to school, reciting in class, making friends, and so on. But actually she was living a fantastically adventurous and heroic life in the person of a companion she had created. She could not remain in school the full day because she had to attend to the needs and activities of this image of hers, which spanned continents and crumpled time. And it was all on a perfectly conscious level.

Dr. Schachtel has mentioned some of the clinical forms these alienated—and alienating—identities may take. I know that later papers will describe others and in great detail. I should like to mention one form of an implicit alien identity, which is less well structured, and perhaps for that reason more difficult to recognize as such. This is the assumption that an individual as he was at any one point in the past could have behaved differently from the way he did behave. This sort of thinking is, of course, very prevalent in depressions, but is a part of every neurosis. It is the "grand delusion" of the neurotic.

The individual will blame others, circumstances, and especially himself, but not accept that whatever may have been the influences operating on him, what he did was the result of what he was at that time. A later insight, resulting from knowledge after-the-fact, or from therapy, will result in severe recrimination at oneself or others. Instead of feeling freed and released by insights, the patient will take them as further indications of how worthless he is.

What is really behind this assumption? It presupposes that the individual was full-grown from the very beginning, was completed and able to deal wisely with all experience. Here again the goal for the individual is not growth through living and experiencing, but something that comes prefabricated and automatic and should have been there all the time.

It becomes, therefore, the task of therapy for the individual to see that only as he genuinely accepts the inevitability of the past—". . . that's who I was and that's what made it possible . . ."—can he free himself from the past, can growth begin, and can real change take place. There is then a shift into the present, the unpredictable, and the living and developing.[1]

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THE SELF-CONCEPT, IDENTITY, AND ALIENATION FROM SELF

JACK L. RUBINS

THE BEGINNINGS of neurotic development are generally attributed to disturbances of childhood growth, disturbances which affect the formation and organization of the self. The various psychoanalytic theories differ in their emphasis on the factors involved in the child, in its environment, or in the relationship between the two.

The thesis presented in this paper is that characteristic developmental changes of the self occur during the maturative growth of the young child, along with and parallel to neurotic development. I believe that these two processes intertwine and mutually modify each other in certain definable ways. While a holistic theory of neurosis may satisfactorily explain the driving forces, the motivational processes, and the form of the neurotic personality, the explanation of many particular aspects can best be found in modifying influences of this early self-development.

I have previously tried to point out that different conceptions of the self among the various analytic schools derive from functional principles.[1] Now it has become evident that consideration of the growing self must also take into account certain differences with the adult. In the adult the self we deal with at any specific moment represents the confluence of two dimensions of experience. First is the historical or longitudinal, with the newborn infant and the mature adult at the two extremes. Second is the dimension of immediate experience in the here-and-now, the horizontal, with the internal and the external world as the two limits. The infant has less of an experienced past to the extent that he is young; this gradually changes as he grows chronologically with more lived experience to influence him. The infant's inner world first predominates in importance over the outer one. This changes as his awareness of the external world grows through the maturation of sensory and intellectual capacities, and as his communicative and symbolizing abilities develop. Because these formative processes are more active in the child, it is possible to distinguish more easily the various aspects of the self.

As Piaget, Gesell, and others have shown, the infant begins to become aware of himself as a bounded entity, an experiencing "I," very early. As we consider this early awareness of self, several components may be differentiated. I do not conceive of these as actual organic entities, but rather as more or less organized aspects or functions of the total unitary organism in process. It is simply convenient to make these distinctions in order to better clarify

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and delineate the different groups of functions.

A first significant functional aspect of the experimental self is the body-image, also referred to variously in the literature as body-schema or body-ego. This must be considered as having both physical features (postural model) and secondary emotional features. The physical includes such attributes as its appearance and the details thereof, its dimensions, its inner configuration and structures; it has depth and superficiality, up and down. Furthermore, it includes objects which are not actually part of the body itself, such as glasses, false teeth, clothes, etc. We know that while this image is to some extent conscious, it is largely unconscious and does not correspond to our conscious notion of ourselves. Sometimes it may briefly come into awareness as a discrepancy between the conscious and unconscious concepts of ourselves, as when we may look into a mirror or hear our voice recorded; or with sudden changes in our bodies, as, for example, the initial strangeness of false teeth in the mouth, an alien feeling that is lost as the denture is accepted into the body-image.

Various feeling tones and emotional values become associated with this physical image during growth. These may be derived from the sensation of particular body parts or functions—for instance, pleasurable feelings from the satisfaction of body needs or unpleasant feelings from frustration. Or they may be emotional values resulting from parental or cultural emphasis, such as the overvaluation of sexual attributes or of a particular body build required for competition with other children.

While many psychoanalytic investigators have written on the formation of the self-concept and the self-identity—particularly stressing the need for adequate and healthy emotional relationships and perceptual stimuli early in life—few have focused on the developmental aspects of the physical self-image. Within the Freudian approach attempts have been made to explain various psychosomatic phenomena by the incomplete inclusion or the detachment of libidinized body parts from the total image.[2, 3, 4] That this process is made to depend solely on the psychosexual and libidinal development limits the usefulness of the concept. The body-image thus becomes a union of discrete, genitalized parts, rather than a holistic, developing entity.

A combination of libidinal, developmental (ego), and social factors was used by Schilder[5] to explain the origin and significance of the body-image. Although he stressed the importance of the psychological role of the body-image in various pathological states (neurosis, schizophrenia), its dynamic effect was still largely attributed to libidinal misdirections.

A more holistic concept of the early growth of the self in which the body-image plays an important part was proposed recently by Zuger.[6] From clinical observations of children, he conceives various stages in development based on self-perception and self-awareness. He describes a "stage of self-discovery" until the age of about two years, during which the child forms a self-image by discovery and awareness of the body. This is succeeded by a "stage of self-possession" continuing through adolescence, during which the child will normally assimilate or incorporate the body-image into his total self-concept. Then, under conditions of normal growth, a "stage of self-direction" will ensue, when the child will have organized and can utilize and direct all his innate qualities of self.

While I consider this formulation an improvement over the purely libidinal

ones, in that it is more encompassing and takes into account these previously neglected psychological processes, I feel it does not pay enough attention to particular modifications within each process and each stage. Also I feel that these three processes cannot be limited to the three age periods suggested, to the exclusion of other processes.

My own observations lead me to believe that the body-image is constantly in the process of change, not only during childhood, but during the entire lifetime. The pattern of change, whether physical or emotional, may be influenced by many factors. Among these may be internal ones, such as illness, physical abilities or defects, sexual drives, particular likes or dislikes. Or they may involve external influences, such as parental attitudes, cultural symbols, or peer values. There may be periods of accelerated or slackened change, depending on such factors, for instance, as the rate of physical growth, which may not correspond to the period or rate of emotional change at the time. Distortions or rejections of particular aspects or parts of the physical self-image may occur which are not necessarily neurotic. The fat, tall, or short child may not accept or like his size; or his large nose or blond hair or dark skin. And this may not only implicate physical aspects. The child may not like his language, his name, his religion, or other social attributes. Certainly such distortions may be accentuated—or even primarily produced—by parental pressures or cultural demands, or by the compulsive needs of the child to conform or to outdo others. But they may also occur as part of spontaneous, healthy self-evaluation, or as constructive change in reaction to the physical events noted above.

What is important, however, is that the form, the stage of development, and the degree of organization and/or distortion of the body-image existing while the child is being subjected to neuroticizing influences will be significant in determining various clinical aspects of his later personality structure. The neurotic self-idealizing process will involve the body-image in whatever state it exists.

It is evident that the body-image is but a part of a larger functional entity, the self-concept or total self-image. This involves not only the physical but the total self as an independent entity—the "I"—and particularly includes the function of self-awareness.

The earliest self-concept would seem to be mainly a physical one. It is a diffuse resultant of the stimuli emanating mostly from within the body and associated with the satisfaction of physical needs. Although peripheral and external stimuli are also perceived, it would seem that for some time the infant does not make a distinction between self and non-self.[7] This early experiential concept begins to expand with the transformation of immediate experience into representations. The self-concept becomes in effect a conceptual entity through the progressive development of several capacities. There appears the capacity for focal attention and then for reflective (abstract) thought; the ability to distinguish objects from each other and then from the self-related properties of perceived objects to awareness of object-related properties—what Schachtel has designated as going from autocentric to allocentric modes.[8] Next comes the ability to communicate, which helps to delimit other selves from one's own. And, finally, there is the capacity for symbolic representation in increasingly complex associations. Schachtel also holds that a basic existential tendency, a primary "openness in turning towards" the ex-

ternal world, is likewise responsible for this process. In any event, the orderly progression of this development with accretion and realization of the child's abilities, and their organization into a consistent self both depend on the particular growth patterns of the infant and on an adequate emotional climate from the parents or other significant persons.

However, the self-concept is not simply a psychic image, the representation of inner states or even of the total experienced self as an object in awareness. It includes attitudes, forms of behavior, personality traits, emotions, talents, wants, and other such attributes, which develop in keeping with the particular growth pattern, family role, and cultural environment of the child. I am not referring here to those qualities or patterns that develop as part of neurotic growth, out of the need for security or safety, or love, or self-esteem, driven by basic anxiety. The child, even in a healthy, spontaneous, accepting atmosphere still has particular given conditions of life. He speaks in a certain way, laughs or cries thusly, is the youngest, oldest, or only child, gets or does not get what he wants, and so forth. There are children who from birth have been rather retiring, placid, accepting, incurious; and others who are more alert, active, curious, and assertive. There are some who are pensive, reflective, and dreamy; others who are more physical and acting-out. Such attitudes may likewise be adopted through imitation, identification, trial-and-error experimentation, and usefulness in satisfying needs or in communicating. They cannot, therefore, be considered simply as temperamental or constitutional. The recent significant work of Thomas and Chess[9] tends to confirm this notion. They describe various "primary reaction patterns" in younger

children observed over long periods. These are not in themselves personality attitudes, but they influence subsequent traits of personality developing in reaction to the milieu. Such qualities, then, will enter into the self-concept and so form the soil which may be modified by the neurotogenic influences.

A third functional aspect of the self is that of identity. Much confusion has pervaded psychoanalytic thinking regarding this concept, and many terms have been used synonymously, among them ego-identity, personal identity, ego-feeling, feeling of identity, self-feeling. A recent article by Spiegel[10] has made a serious attempt to clarify some of this, but his preoccupation with what constitues ego tends to limit his purview. I feel that these various terms refer only to part aspects or functions—e.g., ego or feeling—whereas I would see self-identity as a holistic entity. Furthermore, it cannot be related more to so-called ego function than to id or superego function. In fact, it cuts across such subdivisions of the psyche which are in effect inapplicable.

I would postulate that the formation of a self-concept is a process distinct from identity-formation; that the individual's self-concept is different from yet entering into self-identity. This notion is therefore somewhat different from that of Erikson, who has written extensively on identity. He states that identity-formation begins where childhood identifications end, namely at adolescence, when the "diffuse elements merge through successive ego resyntheses."[11] The implication is that while there are identifications prior to adolescence, there is no identity-formation and thus no self-identity. Furthermore, identity-formation would apparently end after passage through the adolescent period, with its identity-diffusion crises; it does not continue on into adulthood.

I believe that the two processes—self-concept formation and identity formation—occur simultaneously and continuously during one's entire lifetime. Self-concept formation is, as noted above, broader and more inclusive than identification, which is only one of a number of processes entering into it. Certainly adolescence may be a period of important change in both the self-concept and identity, but it is not the only time of identity-formation. During adolescence, previous notions of self must be tested and modified, perhaps more rapidly and radically than previously, since the rate of growth and change is rapid. But it is precisely the degree of stability and integration of the preceding self-identity that will determine the ease of acceptance of the revised self-concepts and the amount of stress from such changes. By the same token, rapid changes in the self-concept may result from severe duress in adult life—illness, enforced social upheavals, national catastrophes, etc.—producing similar stress through their threat to the individual's identity.

While similar elements may enter into the formation of the self-concept and identity, I would suggest that there are three differences in addition to those noted above. These are the qualities of experiential involvement, social context, and temporal constancy.

Identity is an experiential state, the self-concept is a descriptive attribute. Under normal conditions of development, the child or adult will undergo a process of psychological assimilation with what has been his self-concept in forming his identity. He must experientially "identify" with what has been a concept *about* himself (cf. Erikson's ego-involvement, Zuger's "self-possession"). To put it crudely, the self-concept might answer the question, "what am I?," self-identity the question, "Who

am I?" In existential terms, an individual must "be," must "exist" as, must have as his "dasein" those attributes of self which previously constituted a concept, an intellectual object-in-self, whether conscious or unconscious.

In the second place, identity as an experiential state, places the person in his particular social context. While the self-concept may be formed within socially determined conditions, by particular identifications in a specific environment, by social roles, it does not in itself set the individual into a social framework. It remains as a concept attached to himself rather than attaching him to a surrounding milieu, past or present.

Thirdly, insofar as this social context involves the past as well as the present, it contains the quality of temporal constancy. Self-identity has a temporal extent into previous experience and conditions, as well as a permanency. This continuity of identity, the awareness of a certainty of "I" no matter how personal particulars or circumstances may change, is a well-known clinical fact. It has been discussed by such psychoanalysts as Jacobson[12] in her studies of depersonalization and Spiegel,[10] using the principles of ego psychology. The latter makes the distinction between self-representations, which would relate to temporary changes in self-awareness, and the self, which would have the function of continuity and framework. As I have pointed out, the self-concept is much more than simply self-representations.

The self-concept may change in varying degrees throughout life, because of changing patterns of growth or identifications with changing external circumstances or movements of neurotic development. Particular aspects or parts of the self-concept may be changed, given up, or replaced. By contrast, iden-

tity includes all that has gone before, all experiences and personal attributes since birth, whether unconscious or conscious, even though some may have been rejected or eliminated on a conscious level. It is because of this that identity becomes more complex and formed with chronological growth. The adult has more of a past with which to define himself than does the child. The child may have as many descriptive attributes, but these are available for adding to and organizing his self-identity only to the extent that he can identify with them and be aware of them, even though this awareness may not be conscious at any particular moment of life.

This concept of experiential identification with the self-concept thus implies some feeling aspect, some form of awareness or consciousness related to identity. Reference has often been made to a "sense of" I, suggesting at least some partly conscious feeling of identity. It is described by Erikson as "at times a transitory extreme identity consciousness, such as the self-consciousness of youth; or when we are about to gain it, as a feeling of double-take with surprise; or about to enter into a crisis and feel identity diffusion. Otherwise it has a preconscious experience as a sense of psychosocial well-being."[11] A variant of this is also described by Maslow[13] as a kind of immediate, surging, uplifting experience of inner activity, which comes into awareness only during certain short periods of creative self-expression. This seems to be more related to creativity than to the ordinary, constant sense of identity.

I believe that what is described as self-feeling, or the sense of self, or the sense of identity consists in reality of several different forms of self-experience. It is necessary to clarify these variations in basic experiential awareness.

As I have noted previously, the earliest form of self-experience and the prototype of later awareness of self-identity is the immediate and direct perception of inner states. As differentiation of the infant self proceeds, the pure inner percepts come to be transformed into self-representations. This is, at least in part, a conceptualizing process. It can occur with growing awareness of the self as an entity, with external objects and parts of the body serving as models, and with the addition of descriptive social attributes— name, age, religion, role. It is thus possible to distinguish between self-perception as feeling (emotional consciousness) and as conceptual experience (intellectual consciousness). These various representations and concepts, physical as well as social, come to serve as symbols to form the details of a framework upon which direct inner experiences will be externalized or represented.

It is the sum total of all inner experience as defined through these various symbolic concepts that constitutes self-identity. The *sense of* self-identity is likewise a here-and-now process of experiencing inner states. That one can experience past emotional experience is a contradiction in terms. However, one can experience himself as having extensity into the past. That is, although self-awareness is an immediate present phenomenon, past conceptual references are used to relate this experience to the total self. The availability of such references depends on the previous experiential identification with them— i.e., the difference between self-concepts and identity.

The immediate awareness of self as identity is thus the sum of these two part processes, emotional and intellectual consciousness. Inner experience may be channeled into direct awareness of inner emotional states, into awareness of body-parts, into conceptual

awareness. To the extent that there is a healthy openness to all the qualities of self, there can be a free interchange between these part processes and involvement in all of them. Where the conceptual consciousness is in the forefront, we have the "silent" feeling of self-identity. Where the emotional consciousness predominates, we have the awareness of identity through feelings associated with concepts. And one may be transformed into the other. That is, descriptive attributes of body-image, self-concept, or self-identity may actively come into emotional awareness when they are undergoing change or being threatened with change, or when strong associated emotional tones come into play.

When the self-concepts or emotional reactions are distorted through neurotic development, the total healthy awareness of self-identity is blocked. I believe that the extreme self-consciousness of youth, described by Erikson as a sudden awareness of normal identity, is in reality the awareness of a threat to a neurotic aspect of identity, such as a rejected or idealized part of self, a fear of being different, and so forth.

To the experience of self as identity must be added another form of self-awareness—namely, the immediate experiencing of emerging inner processes not directly related to past concepts of self. In the infant, even though the process of self-conceptualization and identity-formation is important, there is still a continuing flow of inner stimuli. Likewise in the adult there is a continued arising of inner experience —with the difference that the self-concept/self-identity is organized and modified by an accretion of life experience. It is this third form that gives the feeling of active process and change within, against the background of the permanence of "I" in identity.

The organization and sequential development of these aspects in the child —body-image, self-concepts, identity and immediate awareness—form the substratum on which the neurotic development will impinge. The clinical picture presented by the child or adult depends on the interplay between the two processes. Although many variations might be possible in theory, I believe that a few basic ways can be delineated in which distortions of this pattern of self-formation may affect the neurotic syndrome and vice versa.

According to the Horney theory, the child will adopt a particular compulsive personality orientation in reaction to the demands of his early environment (parents), mediated by his need for security and safety, and for relief from his basic anxiety. Whether this orientation is adopted solely in response to external factors is still a basic problem. Horney felt that "the particular attitude resulting from such unconscious strategic necessities are determined both by the child's given temperament and by the contingencies of the environment."[14] What these temperamental factors are, and how they determine which particular attitudes, is not elaborated.

It may be possible that variations in the self-concept may influence the choice of a predominant neurotic orientation. And as I have emphasized, this organization is much more than just temperament. I submit that in view of the child's characteristic conceptualized attitudes and growth pattern, he may be predisposed to select that neurotic orientation found most familiar. For instance, the more vivacious, more active child might find an expansive approach more "congenial" to him; the more placid child might choose more easily a compliant or conforming attitude.

However, we know that the healthy child has the capacity to move spon-

taneously in his patterns of reaction in any and all of three directions. The self-concept will color, will set preferences, will increase or modify each of these movements without it being necessarily neurotic. When the external demands are such that the infant is forced to adopt one orientation, the others are repressed. If the preferred self-concept corresponds to an attitude which must be repressed, it will strengthen the force of that attitude, thus modifying or increasing the degree of conflict. For instance, the more outgoing, active child who must be compliant and submissive to meet his parents' demands would experience a different degree of conflict than the reserved or placid child. And each would show a corresponding variation in his character structure, in the expression of his compulsive need for strength.

This distinction as to whether a particular observed attitude is neurotic or part of the basic self-identity, and to what degree, is sometimes difficult to make. Theoretically, of course, the difference is between what is spontaneous and self-directed, and what is compulsive. But this is an oversimplification, especially in children. In my own clinical experience with children the dynamic picture presented is often not a pure or simple one. The neurotic attitudes and movements are often not easily delineated. It is often easier to sketch a childhood personality in retrospect, from the adult's past history, than from the infant in therapy. Certainly there are more or less clear-cut cases of compliant, aggressive, or withdrawn children. But frequently the child may show one particular compulsive attitude at home and another at school, or a different attitude toward one parent than the other, or toward grandparents.

With adults also the analyst may continue to consider an attitude to be neurotic when he is confronted with a normal variation in the self-concept. For instance, an inherent passivity may be construed as compulsive compliance; placidity as withdrawal; vivacity as restlessness or attention-seeking; self-containment as compulsive self-sufficiency. It is therefore necessary to keep constantly in mind the possible influence of such normal variations in growth patterns making up the self-concept.

In addition to modifying such basic conflicts, distortions of the self may influence the development of secondary neurotic symptoms selected as solutions to conflict. Such distortions may be limited mainly to the body-image, or may involve other aspects of the self-concept. The neurotic self-idealizing process will involve the body-image, whereby particular body parts or functions may be selectively distorted, exaggerated, and enlarged as they become overvalued by incorporation in the glorified aspects of the self, and eliminated or decreased as they are included with the despised self. But this selectivity may take place because of a previous non-neurotic rejection or overvaluation of the part by the child within a normal variation of his growth pattern. Any of the normally varied self-attributes—height, obesity, quality of voice, physical strength, intellectual ability, color of skin or hair, sexual organs—may be liked or disliked, accepted or rejected. And this may occur as part of spontaneous growth, through self-directed decision, based on the usefulness or congeniality of that attribute within a non-demanding social environment.

I feel that such distortions may partly explain the tendency to psychosomatize, a notion I have elaborated in a previous paper.[15] For instance, the child who does not accept his normal sexual development with the inclusion of his

genitals in his body-image may develop impotence or dysmennorrhea through secondary inclusion of this pattern in his neurotic growth.

Other solutions may similarly be favored by such normal variations. For instance, compulsive intellectualizing (supremacy of the mind) may be selected by the child with normal reflective tendencies, or with a high ability for abstract thinking, or with a high intellectual ability. Such children often show distortion of the head in their drawings of themselves. Such symptoms as the excessive use of words or paucity of speech, the tendency to fantasize or to dream, may have similar origins.

Furthermore, not only may a physical body part (body-image) be rejected, but also social-cultural attributes of self. The child may not accept his name, his language, his religion, or his social condition. I have seen patients who repeatedly change their names or use nicknames. Either they simply failed to develop a name self-concept (for instance, because numerous nicknames were constantly used during childhood), or because they rejected their given name. Subsequently, each of the names came to be identified with a particular neurotic emotional attitude, idealized or despised.

Besides these more or less circumscribed distortions of the self-concept, there may occur disturbances in the general development of the self-concept or in the process of identity-formation (experiential identification with the self-concept). These may be significant in explaining some of the phenomena of alienation from the self, a concept which is still far from clear.

In our analytic practice we see an increasing number of patients—children, adolescents, and adults—who cannot be neatly classified into our standard diagnostic groups. What is common to these is that dynamic condition described by Horney as "Alienation from the Self." In brief, this is an uncertainty about most life activities, a distorting or benumbing or repressing of inner emotional experiences, a blurring of self-identity. It is both an immediate psychopathological state of being, as well as an on-going dynamic process, an active moving away from the person's real self. Its origin and development in neurosis need not concern us here. Suffice it to say that since it is seen to be initiated in the child as a result of the defensive adoption of compulsive attitudes and drives, the implication is that it cannot exist without such pre-existing factors.

There is, however, clinical evidence that the child may show clinical states similar to the neurotic self-alienation seen in the adult, yet which may be primarily related to developmental disturbances or disorganizations. Although the presenting symptoms in such cases may be most varied, and "typical" of so-called neurotic (or even psychotic) reactions, psychological testing often shows a disturbance not only in the emotional sphere, but also in the self-concept and self-identity. Certainly we may find anxiety and conflict, and perhaps even secondary distortion of the self-concept, as a result of this anxiety —such as the neurotic child may show. But more striking is the frequent finding of a paucity of inner stimuli and percepts, incompleteness or deformation of the body-image, lack of awareness of what constitutes self. I feel that such a picture, especially in younger children, cannot be attributed only to the neurotogenic influences of the parents. It is rather due to a combination of such influences acting on a poorly developed or incomplete self-concept. Thus it is probable that such a general disturbance in the normal growth pat-

tern will aggravate the alienation from self occurring through neurotic development.

Since the normal early growth of the self involves two phases—formation of the self-concept out of inner experiences and identification with self-concepts to give identity—we might expect in theory to find different psychological symptoms corresponding to each of these part-processes. Indeed, two main forms can be distinguished.

When there has been fragmentary or faulty organization of the total self-concept, then the neurotic alienation from self will be mainly characterized by a paucity of inner experiences. On the other hand, when the disturbance primarily implicates the process of identification with the self-concept, the neurotic alienation will show itself predominantly as a feeling of distance from, or lack of awareness of, emerging inner experience. The patients may complain that even though they are aware of what they feel or what they are, it seems strange to them; they do not feel that what occurs in them is really them. We get the impression that they have an organized self-concept but cannot grasp it. The various forms of depersonalization would be acute symptomatic expressions of this basic intrapsychic condition. Of course, the feelings of distance from inner happenings may be externalized, so that external events are felt as strange, unfamiliar, or distant. In effect, immediate inner experiences (both the emotional and the conceptual consciousness) cannot be adequately related to the permanent "I" in identity.

Certainly either or both of these states can and will occur along with the alienating process of neurotic development. But where the neurotic process is more severe and predominant, the final clinical picture of alienation has a different quality. Here the neurotic elements stand out, the anxiety and conflict is more intense; the blurring of inner experience has more the quality of active repression, with a more active moving-away from or dissociation of the self-concept and self-identity. In children, for instance, psychological testing will often show repressed anxiety and/or intense chaotic inner emotional states in conflict. Although aspects of self-identity may be rejected in these latter patients through their involvement in the neurotic process, we get the feeling that their identity is nevertheless more whole, and the rejected parts more available for recovery and re-identification than in the preceding forms.

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DISCUSSION

ALEXANDRA SYMONDS, M.D., New York: [*] Dr. Rubins' paper on the development of self establishes the groundwork for an inquiry into the early evidences of alienation.

His presentation can be divided roughly into two major aspects: 1) His concept of the self and the various components entering into it, and 2) Some discussion of the factors in childhood that may influence the direction of neurotic distortion.

My discussion will deal with certain points in the second part of his paper. Dr. Rubins touched on a subject which has intrigued people—from scientists to grandmothers—throughout the ages. That is, what accounts for the differences in people. How is it that, given what seem to be comparable conditions, some babies grow up to be retiring, shy, and self-effacing Emily Dickinsons, others become expansive, aggressive business tycoons, and others develop into stilted, detached, intellectual giants? Or, in more technical words, what factors account for the nature of the predominant neurotic orientation?

It is well known that there are striking differences in infants from the moment of birth. Mothers will very readily tell you about certain babies, either fondly or with annoyance: How Jimmy came out fighting, how Ellen was always nervous, or how Joey could lie in his crib for hours contentedly cooing and amusing himself. There are differences in motor activity, in sensitivity to sensory stimuli, interest in food, tolerance for frustration, and so forth. All of these have been noted and studied, some in great detail. Some infants have to be awakened to be fed, some show spontaneous vigorous movements in their cribs, some seem to eagerly enjoy music, and some are relatively oblivious to sounds. These differences range from the extremes of hyperactivity to placidity.

Now to consider the question: What is the relation between this inherent temperamental endowment at birth, and the later neurotic development of the child? Note that for the sake of this discussion we are concentrating only on the neurotic trends.

Dr. Rubins suggest that there are two different possibilities. He feels first that if a child is forced into a neurotic personality pattern, he will most likely gravitate toward the psychological attitude that resembles his inherent organic pattern. In other words, a hyperactive infant will develop into an aggressive, ambitious, driving neurotic, while a child with a placid organic predisposition will more likely develop an obedient, submissive, conforming, and complying personality pattern. A second point which he proposes is that if this tendency is interfered with by the parents —if, for example, they can only accept conformity—then the hyperactive infant who becomes submissive will have more alienation than the placid one.

Are these speculations supported by the findings in the field? A very interesting and pertinent study done at the Menninger Foundation is reported by Sibylle Escalona and Grace Heider in their book, *Prediction and Outcome*.[1] They report their detailed findings in this very area. Is it possible to predict child development from observations of infants? They had available the findings on a large group of infants with a re-evaluation five years later. Of the fifty items predicted, they felt that seven were significantly predictable. However, their poorest predictability was noted as follows: "The lowest level of confirmation was obtained for . . . response to unfamiliar situations, achievement, competitiveness, shyness,

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relationship toward mother, content of free play . . . and basic attitudes toward the self and the world." One additional statement: "Infants who excel in persistency and energetic efforts at mastery do not generally, at least in our sample, develop into children especially motivated toward achievement. Similarly, babies who responded to strangers or to novelty with marked apprehension and withdrawal did not usually, among our subjects, turn into markedly shy children." They found that the more complex personality patterns, which are strongly influenced by cultural and parental value judgments, were not predictable from their observations of the infants' temperaments.

In contrast to these findings are the recent studies of Chess and Thomas of New York University. They found that "certain patterns of reaction can be detected early in infancy . . . they persist into childhood and together with the environment mold the personality structure and temperament."

The possibility that children's disturbances are predominantly due to their inborn disposition is naturally very appealing to those who are unwilling or unable to recognize the interaction between parent and child.

I am quoting merely a fraction of the enormous work being done in various child study centers to evaluate these elusive concepts. The bulk of the data shows that the temperamental endowment is heavily overshadowed by the climate of the home and the pressure of parental expectations. In fact, the patterns seen at birth have been known to become indistinguishable by the time the infant is three months of age.

These findings do not deal with Dr. Rubins' other suggestion, that the alienation or self-estrangement may be increased in those children who have to abandon their inborn behavior pattern. This is a provocative idea and should be kept in mind for future consideration. My own conviction is that the greatest single factor influencing the specific neurotic distortion of the child is the personality of the mother. Certain disturbances in the mother inevitably cause disturbances in the child. This has been demonstrated by many investigations, and recently some excellent material has become available—for example, the ongoing studies of families at the National Institute of Mental Health, the findings of Brody in *Patterns of Mothering,* the studies of the doublebind by Bowen, et al., to name just a few.

In my own practice I have noticed certain correlations. The mother who is constricted, highly judgmental, and who has rigidly controlled her expressions of spontaneity will not be able to tolerate the unpredictability and unorganized explorations of her child.

The mother who is detached and uncommunicative will be so unaware of her infant's signals that he develops a feeling of abandonment and soon limits his own communicative efforts.

The mother who is depressed and lacking in joy or zest for living will either be disinterested or disapproving of her child's playfulness to the point where the child feels guilty when he is enjoying himself.

These and other important emotional distortions in the mother exert a persistent and pervasive climate for the infant. These observations can be verified both by direct work with children and in the history of adult patients. This is not a new concept, but surprisingly enough, many practicing analysts seem unaware of the degree and intimacy of the interaction.

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ALIENATION IN THE LIGHT OF
KAREN HORNEY'S THEORY OF NEUROSIS

Joseph W. Vollmerhausen

I AM in some conflict with the main title of this symposium, "Alienation and the Search for Identity." The subtler implications of this title are that one has lost oneself and is trying to find it, like a long-absent relative. I submit rather that it never came into existence and, therefore, that there is nothing to be found. I am much more in harmony with Glenn Gray when he writes: "Paradoxical as it sounds, a severe struggle is required for most of us to become what we truly are. Certain psychologists like to refer to this incapability of becoming ourselves as self-alienation, but whatever we designate it the fact itself is there."[1] The self is not there to be found through searching, but something to be realized through struggle. For him "this struggle is best expressed in terms of an awakening, of coming to oneself, of becoming conscious of one's role in life. To help young people break through the surface of themselves and of society is a large part of education's permanent task. To educate is to civilize in depth our own children and others, rather than in the veneer of civilization earlier generations have achieved. How to reach that level where feeling and reason are fused and how to awaken this disposition to its relation to the rest of creation—this is the ancient but urgent problem of educating."[1] Alienation from self and the

world can only be decreased through struggle. Gray sees it mainly in terms of education; we as therapists would see it mainly in the process of therapy.

Alienation has so many facets that it is often described in very different terminology. Ernest Van den Haag, in an article entitled, "Of Happiness and Of Despair We Have No Measure," calls it boredom. "The bored person," he writes, "is lonely for himself, not, as he thinks, for others. He misses the individuality, the capacity for experience from which he is debarred. No distraction can restore it. Hence he goes unrelieved and insatiable."[2] While he sees the development of alienation as a consequence of mass culture and mass media of communication, some aspects of his definition of boredom as alienation come close to what Horney has described as the outcome of neurotic character development. I wish to restrict myself to the development of alienation as it occurs in our present society and only in relation to the development of the neurotic character structure.

There is one statement that Karen Horney makes in her book, *Neurosis and Human Growth,* on the subject of alienation from self that I wish to use as the main thesis of my paper. She says: "Alienation is the loss of the feeling of being an active determining force in his [the neurotic's] own life."[3] What

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is lost or absent then is the feeling of self-determination, of autonomy and self regulation, of being an authentic and active agent in one's life. In the pre-scientific notion of mental illness this loss of autonomy was ascribed to possession by evil spirits. As man has become more self-conscious, he has of necessity also become more aware of his environment. The development of the individual, whether in more healthy or more sick directions, is now clearly seen as the resultant of the interaction between the individual and his world. In this interaction he can perceive himself or the world to be the more powerful factor. The self-effacing person, who depends excessively on the approval, ideas, guidance, feelings, and opinions of others, clearly feels the world or others to be the more potent factor. He has little if any feeling of being an active agent in his own life and tends to experience himself much more as the helpless victim and passive recipient. The expansive individual, who sees himself as controlling, masterful, dominant, even omnipotent and omniscient, clearly would feel that he determines his own life. In his mind he masters the world. Yet we know he also lacks a true feeling of autonomy and mistakes his obsession with will power and reason for self-determination. In elaborating Horney's ideas on character structure I shall develop the thesis that true autonomy, self-determination, and self-realization are seriously impaired in every neurosis. For the moment, let us return to the definition of alienation. According to Horney's concepts, it is a deficit state, a state of defective functioning on many levels, which is both an outcome of the early neurotic process and an integral factor in the further development of its later phases.

The symptoms and signs of alienation from self are both gross and subtle.

They are most obvious in states of depersonalization, fugue states, and amnesias where there is gross disorientation and marked interference with self-awareness. Alienation is also obvious in hysterical symptoms that are regarded by the patient with the famous *"belle indifference."* It is obvious in obsessional thoughts that appear to have no connection with the person having them and with compulsive acts that are felt as though they were externally caused. It is not so obvious in its more subtle manifestations. These can be seen in a certain dullness or deadness of the eyes, in the dearth of facial and body expressiveness. From the subjective viewpoint the individual feels as though he lived in a fog. Not only his own feelings and thoughts, but other people and the implications of situations are hazy. Experiences in relation to nature and other people do not penetrate or evoke responsive feelings, inner experiences do not reach awareness. The individual may have occasional blackouts, dimouts, and blind spots concerning areas of inner and outer experience. There is often a numbness in bodily sensations, together with an impersonal attitude toward his own body as well as toward his possessions. A feeling of continuity with his own past is absent. One patient, in talking about her childhood, said, "we are talking about this little girl, but she has no connection with me and I have nothing to do with her."

There is observable a preponderance of reactions to life which approach a reflex or stimulus-response pattern. The individual behavior becomes circumscribed and predictable and shows a mechanical and automatic quality. This is one of the factors that makes illness easier to categorize than health. One woman who was very much aware of this in herself was able to put this into a

poem entitled, "Push A Button." Whatever was asked of her, she performed like a machine set in motion by a button. Alienation manifests itself in superficiality and unauthenticity of feelings, so that one can say love easily turns to hate. However, on deeper inspection, both feelings lack depth, resonance, and sincerity. It manifests itself also in action patterns of inertia or hyperactivity. The clue lies in the individual's inability to stop or readily be dissuaded from either pattern. He is frozen in action or is frenetically in motion.

Alienation also shows itself in indecisiveness and lack of direction. Automatic conformity to cultural or social mores may conceal this. What develops is an exquisite sensitivity to the expectations of others, the radar-personality of Riesman. When we add all these manifestations together, we have quite a picture of an inadequately and poorly integrated individual. It is not too different a picture from that which has recently been described by Chapman, Hinkle, and Wolff. They make the point that when as little as thirty grams of brain tissue are lost from apparently indifferent areas there are distinct impairments of all higher integrative functions. "The components of the highest integrative functions are not equally fragile. Impairment of speed of response, spontaneity, imagery, creativity, rapid learning, ease of abandoning a pattern when no longer appropriate, capacity for abstraction, and ability to resist the disorganizing effects of stress are evident in subjects with loss of even small amounts of tissue, whereas vocabulary, long utilized skills, behavior patterns, and premorbidly acquired information are not significantly impaired until there is a much greater loss of tissue." [4]

Now, I am not saying that alienation is an expression of organic brain damage. We have no proof of this. However, I would like to suggest that we study further the effects on brain functioning of prolonged states of stress and of improper interaction between organism and environment. It will become clearer as I go on that the defensive reactions result in a decrease of proper or rational interaction of the individual with his environment since they limit, distort, and block perception of the environment and reduce the participation of the individual. This reduced participation leads to stagnation and the impairment of self-realization. Frieda Fromm-Reichmann describes it beautifully in her paper on psychiatric aspects of anxiety. She says: "Being unable to avail himself of the possibility of using new means of evaluating people and of relating himself meaningfully to them amounts to being blocked in the utilization of learning processes which serve growth and change. This absence of growth and change is tantamount to psychological stagnation and emotional sterility—i.e., psychological death . . . this inability to learn to replace old patterns by new ones deprives a person of the freedom to live and move about in the world of psychological reality, deprives him of the freedom for self-realization and conveys feelings of stagnation and sterility—hence the fear of psychological death, of Tillich's 'not being' or Goldstein's nothingness." [5]

Proper interaction would lead to what Horney calls self-realization. This can be jeopardized when through the action of others man's growth, development, and fulfillment of individual proclivities are blocked. For Horney, the need for self-realization is basic to human nature; it is essential to understand this if we are to grasp her concept of alienation. In *Neurosis and Human Growth* she writes: "Inherent in man are evolutionary constructive

forces which urge him to realize his given potentialities. This means that man, by his very nature and of his own accord, strives toward self-realization and that his set of values evolves from such striving."[6] The assumptions are that man seeks out life and tends toward growth and maturing and development, that man seeks tension levels which still enable him to function adequately, that the predominance of tension-reducing measures is an aspect of sicker function. As further extensions of the basic assumption, we can postulate that the individual would tend to develop increasing clarity and depth in his own feelings, thoughts, wishes, and interests. He would develop the capacity to agree and differ openly, to have a mutual relationship with others, to utilize his own resources and take on the responsibility for his own growth and fulfillment. Self-realizing is not to be confused with rugged individualism or egocentric self-expansion, nor is it to be construed as taking place in isolation. It can occur only through participation in the world. For Horney, self-realization is both a human possibility and an over-all therapeutic goal. It can occur in an atmosphere of warmth that supplies a feeling both of inner security and inner freedom enabling a child or patient to experience his own feelings and thoughts, and allowing him self-expression. In addition, there must be the good will of others to fulfill his needs and to encourage him to become a fulfilled individual, as well as frictions with the wills and wishes of others. Growth takes place only with conflict and co-operation. I shall not elaborate on the theme of self-realization because I am sure it will be taken up more extensively by others.

With the concept of self-realization in the background, alienation and the neurotic process take on a new mean-ing. Alienation can be seen as the state where self-realization cannot proceed. Horney would describe it as a remoteness from the real self. This term, real self, is a misnomer. There is no symbolic representation in the individual that one could call the real self. Many rather astute students of Horney psychoanalysis, including Ruth Munroe and Helen Merrill Lynd, have understood that Horney saw the real self as a kind of homunculus that would spring to life full grown when the neurotic patterns were resolved. Nothing could be further from Horney's views. For her, the real self was merely a symbol referring to the constructive forces in the individual that have to be identified, supported, encouraged, and helped to develop. They are not there full grown.

In this connection, then, alienation represents the unavailability of those sources of growth, the remoteness of the individual from his constructive forces. Alienation is also used by Horney in another sense. It represents the deformation and the impairment of the total personality that is the outcome of the neurotic process. In order to get a clearer view of the impoverishment of the personality and of the blocking of self-realization, it is necessary to describe Horney's theory of that specific form of human development—the neurotic process and neurotic character structure.

The neurotic process begins in a climate adverse to the growth of the child as an individual. Such unfavorable conditions are rarely, if ever, singular traumatic experiences, but are found in the family atmosphere. They manifest themselves in gross and subtle disregard for the needs and possibilities of the child. The parents have their own overriding compulsive needs and egocentricities which hinder them from

perceiving and conceptualizing their child as the particular individual he is.

In a constellation of adverse factors, the child does not develop feelings of belonging, togetherness, and positive identity, but rather experiences a hostile separateness. His self-awareness emerges in a state of profound insecurity and apprehension which Horney calls "basic anxiety." This is a "feeling of being isolated and helpless in a world experienced as potentially hostile."[7] This state of being and this stance toward the world prevent the child from spontaneously relating to others as an emerging, evolving, and growing being, but force him to deal with the world primarily in such a way as to reduce his anxiety. In his state of fearfulness his perceptions become narrowed to what is safe and what is threatening. His responses become less appropriate to the total situation and more centered to his state of being in fear or not. He becomes more reactive than responsive. Horney formulated three ways in which tension may be reduced in interpersonal interaction. The child may fearfully cling to the most powerful and threatening person and feel safer through compliance and submission. He may turn his fear into action and rebel and fight. Or he may try to shut others out of his life and withdraw emotionally from them in a kind of flight. A child will, of course, move in all three ways at one time or another. The preferred way is the one that gives the greatest comfort and positive satisfaction. This varies with the given temperament of a child, with the contingencies of the environment, and with the success of the move used. For longer or shorter periods of time, one move will be in the foreground and the others will recede. The total picture, however, is that of marked ambivalence and conflict in relation to others. As a given

move begins to predominate, the child develops specific needs, values, sensitivities, and fears that will protect and automatize this move. The fearfully clinging child, for example, finds ways of making himself more endearing, lovable, and cherished by those he fears. He will value himself as he is valued by others—as a good, obedient, nice boy. He will be more sensitive to what others expect and how he can fit in with this, and he will become more fearful of being separate or of expressing hostility toward those whose affection he craves. The world is narrowed to good and bad, love and rejection. Hurts are not noticed, anger is held in check, or, if expressed, is blamed on extrapersonal factors. He becomes more insecure and helpless and thus increases his basic insecurity even while trying to alleviate it. He clings all the more to the strongest and most available person. Since he is clinging, it becomes less possible to move spontaneously toward others and still less possible to express spontaneous anger. He is on his way to becoming more compulsively driven and rigidly compliant and submissive.

The first attempt at solving basic conflict in relation to others and at achieving some degree of unification and integration consists of making one of three moves predominant. The individual's energies and resources are then directed toward the maintenance of the particular attempt at solution. His needs, sensitivities, inhibitions, and values become subsidiary to the function of protecting and extending this solution. Whole segments of the personality are put out of operation and the repression engenders more anxiety, which augments the feelings of helplessness and weakness in a dangerous world.

In order to escape these feelings and gain a feeling of meaning and significance, and in order to maintain the

particular solution, his values, needs, and sensitivities are organized into an idealized concept of himself. This wipes out all feelings of weakness and makes him feel powerful, desirable, competent, and omniscient. The appeal and need for this are overwhelming and force the individual to identify himself with his glorified image of himself; in his imagination he is his idealized self. Through the process of self-idealization, he buttresses his solution for conflict, he feels more unified, and he gains identity and significance in his own mind. This outcome of the earlier development sets in motion a new process: the actualizing of the idealized self. Horney calls this process "the search for glory," and in its service there are the drives toward perfection, toward excelling (neurotic ambition), and toward vindictive triumph. These drives are compulsive and evoke anxiety or its equivalent when frustrated. Since the imagination plays a central role in this search for glory and because of the crucial needs involved, the individual aims at the absolute and the ultimate and not simply at being better than someone else. His major direction in life shifts from self-realization and fulfillment of his possibilities to proving that he is his idealized self. One of the aims of therapy is to reverse this most crucial shift of direction and energy investment. One could speak of the realization of a pseudo-self rather than of the real self.

To maintain the fiction that he is his idealized self, the individual needs proof and affirmation from others. In the service of this proof are his claims. These are not simply an expression of his wants or needs, although they arise from these. They are the most stringent demands for recognition of his very special self, and as such he feels entitled to have them fulfilled. Reality and the needs of others take second place in this egocentric arrangement. His response to nonfulfillment is a mixture of anxiety and vindictive fury and a deepening of the feeling that the world is indeed a place hostile to him.

The individual's value system is also oriented toward the actualizing of his idealized self. He tries to mold himself by a constellation of imperative "shoulds" and "should-nots" into his image of perfection. These imperatives operate with a supreme disregard for their feasibility or desirability. They operate on the premise of personal omnipotence. Since shoulds are impossible to fulfill, the individual must be satisfied with going through the motions. If he should be loving, he appears in his own eyes as if he were all-loving. If he should be invulnerable, he appears as though nothing could hurt him. Shoulds are not the same as genuine ideals. They do not aim at real change, but at making imperfections disappear, or making it appear as though the particular perfection were attained. The individual feels what he should feel. While this may make his feelings appear appropriate in terms of his idealized image, they lack depth, authenticity, and sincerity. When shoulds are externalized, he is coerced by the expectations of others and is therefore more alienated.

Despite the neurotic's strenuous efforts toward perfection and his fantasy belief in perfection, the neurotic does not gain what he most desperately needs: self-confidence and self-respect. Instead, he develops an inordinate and unrealistic pride in himself which is based on imagined merits. Because neurotic pride is based on false premises, it is very vulnerable. There are defenses erected against pride being hurt or endangered, and there are automatic ways of restoring it when it is hurt. The

defensive maneuvers consist largely of a system of avoidances and an attitude of rigid righteousness. The chief way of restoring hurt pride is retaliatory vindication and triumph over the offender.

"The glorified self is not only a phantom to be pursued but also becomes a measuring rod with which to measure his actual being."[8] The neurotic cannot but despise his actual being which, like reality, keeps interfering with his search for glory. The self-hate thus generated has enormous power and tenacity which are proportionate to the intensity of the search for glory. Self-hate has an integrative function in the service of self-glorification. Together with shoulds, claims and neurotic pride, it constitutes what Horney called "the pride system." This system is for the most part unconscious and in this state functions very automatically.

Self-hate, when directly experienced, appears as merciless self-accusations, relentless demands on self, self-contempt, self-frustration, and self-tormenting or self-destructive acts. Any of these modes of operation of self-hate may be perceptible. More often the process of self hate is externalized and then we find that the basic anxiety is now increased and altered. The neurotic feels more helpless and incapable of defending himself in a hostile and vicious world.

We have seen, then, that with the development of compulsive moves in interpersonal relations, spontaneous interaction becomes less possible. With the solution of basic conflict through self-idealization and the search for glory, the individual abandons what is possible and lives in the realm of the impossible already accomplished. With the development of self-hate, he turns actively against himself. What might be regarded as possibilities of achievement, he now regards as insufferable and

unbearable shortcomings. His own spontaneous self-direction and self-determination have been rendered ineffective and he comes increasingly under the autonomy of the pride system. In order to conceal his shortcomings from himself—i.e., to avoid self-hate—he must resort to various auxiliary measures which tend to reduce anxiety. Among these are externalization, which alienates him still more from his own experiences and feelings; automatic intellectual control, which reduces spontaneity to zero; and a conviction in the supremacy of the mind which makes him a sterile spectator of life and of himself, and which obliterates his own organicity. All these measures result in further alienation from feelings, experiences, and the body image. He cannot entirely avoid the conflict that comes about through self-idealization. He tends to experience himself at one time as his glorified self; at another as his despised self. In order to integrate this intrapsychic conflict, the individual needs new solutions. He needs something that will give form, direction, and meaning to his whole personality. His energies, drives, and values become organized and integrated around three further directions of development, which Horney calls the three major solutions for intrapsychic conflict. The first is the expansive solution, with the appeal and goal of mastery. Here the individual is identified with his pride and may be predominantly narcissistic, perfectionistic, or arrogantly vindictive. The second is the self-effacing solution, in which the individual identifies with his subdued self. He has goals of love and surrender; the ultimate development of this solution is called morbid dependency. The third solution is resignation, in which the individual aims at freedom and non-involvement. He attempts to remain out of the conflict be-

tween his expansive and self-effacing drives by withdrawing from active participation in life. This solution includes persistent resignation, rebellious resignation, and the deteriorated states of these which Horney calls "shallow living." The last includes those groups in which the predominant emphasis is on having fun, on prestige and opportunistic success, and on being the well-adapted automaton. Each solution represents a complex interplay of drives, inhibitions, fears, sensitivities, and values. It determines the kinds of satisfaction attainable, what is to be avoided, the hierarchy of values, how that person will experience himself, and how he will relate himself to others and to the world. The neurotic process as described by Horney is seen as involving more and more areas of the personality with increasing alienation from self.

SUMMARY

Self-alienation has been seen by many people in different ways and in multiple dimensions. It has been described as boredom, loneliness, impairment of depth of feeling, remoteness from self and from one's own constructive resources. To the degree an individual suffers from self-alienation, his self-realizing and self-creating are impaired and thwarted. His life becomes increasingly determined by others with the corresponding loss of autonomy. An important insight into the process of self-alienation is found in the theory of neurotic character development as described by Karen Horney. She places compulsive defensive trends and conflicts and their solutions in the foreground of the neurotic process. Especially significant are the processes of self-idealization and the concomitant self-hate. These turn an individual away from, and against, himself and produce a deep intrapsychic conflict that he attempts to resolve in various ways, but always with increasing self-alienation.

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DISCUSSION

GEOFFREY F. OSLER, M.D., New York:[*] In the early part of his paper Dr. Vollmerhausen concisely and lucidly reviews Horney's concepts and definitions of alienation and the search for identity, reminding us again of her great insight and understanding. In the last part of his paper, in a most masterful fashion, he elaborates Horney's concepts of the origin and development of neurosis. In doing this he places alienation in a definite frame of reference. In addition, he reminds us again of the nature of intrapsychic dynamics, bringing to the subject a good deal of his wealth of personal experience as a therapist and teacher.

Despite the evident value of both these aspects of his paper, it was his spontaneous introductory remarks and the middle part of his paper that particularly caught my fancy. Both were somewhat disorganized and apparently disconnected, yet both expressed an intensity, an interest, and a quality of searching, exploring, and open-endedness that I feel most truly reflects Dr. Vollmerhausen's personal attitudes. Particularly, they reflected his awareness of dynamic process, rather than static state, the fluctuating process of alienating and identifying, rather than a state of alienation or identity. Now, in order to understand any process adequately, it seems to me desirable to start at the beginning and follow its development and unfolding. With this in mind, I would like to present the following two or three ideas.

Dr. Vollmerhausen, with his feel for the dynamic, picked the following quote from Horney:

"The development of the individual, whether in a more healthy or in a more unhealthy direction, is now clearly seen as the resultant of the interaction between the individual and his world."

At one point in the embryological development of the spinal cord, a group of vital undifferentiated cells moves to a new position and then divides into two smaller groups.[1] One group then lies dormant and the other group develops. First its axones extend to establish myoneural junction with appropriate muscles. This is the signal for dendritic development to take place. As the dendrites develop and extend to contact the dormant group of cells, then and only then the dormant cells take up their further growth and evolution. Despite the vital potential of the healthy, though dormant, group of cells, any interruption of growth of the other group blocks the dormant group from further development. Here at the very fundamental anatomical and physiological level may be seen corroboration of Horney's observations made on a psychological and conceptual level. Here we see growth on a physical level, and in seeing it thus can make some observations which may well carry through at all levels of anatomic, physiologic, and psychologic growth.

1. Growth is not a passive inevitability that will take place in the absence of obstruction, but an active interaction between the genetically healthy organism on the one hand, and an adequate environment on the other. If there is defect or inadequacy in either, then growth suffers. To the extent that both are adequate the process of growing unfolds.

2. There may be seen a rational, orderly sequence in growth. There is that aspect of the organism most recently grown, that aspect in the process of presenting as the next sequential step, and those aspects to be anticipated.

3. There is a critical phase for each aspect during which it will undergo maximal growth, during which it will be most plastic and adaptable, and after which it will develop a relative rigidity.

4. Each presenting aspect of the organism's growth is unique and so there will be a different and specific environmental stimulus necessary for each one.

5. During the critical phase, each aspect of growth needs all it wants of whatever it wants at the rate it wants it for as long as it wants. Then and only then can the or-

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ganism approximate its genetic potential for a presenting aspect and open the way for the next. This might suggest then that in order to move in the direction of promoting healthy growth, it is necessary to appreciate the order, sequence, and critical phases of the human organism's aspects of growth; the nature of the pertinent motivating forces underlying each aspect of growth; the nature, amount, rate, and duration of the appropriate environmental stimulus required by each aspect of growth.

SOME OBSERVATIONS OF INTRAUTERINE GROWTH

From my practice I recall an intense, thin, hyperactive young lady who surreptitiously impaired the integrity of her lover's contraceptives in order to become pregnant and force a marriage. Throughout her pregnancy she resented her condition, did all she could to interrupt it, and was seriously disturbed emotionally throughout. Now, when an infant is being carried in utero it is a pretty direct biologic interrelationship between organism and environment. Growth is probably due to the organism's innate impetus and its requirements are largely chemical. However, there is some recent and very interesting work [2] showing a correlation between individual differences in the activity of a brain enzyme and the adaptive behavior in some animals. There are neurophysiological data relating behavioral changes and restrictions in adaptive behavior in some animals to a number of drugs, including acetylcholine, eserine, and adrenalin, all of which are found as a normal complement in the human organism. In addition to this bit of chemical fact, there is a fast-growing literature to attest the importance of tactile stimulation on the growth of an organism, particularly the young. [3, 4] With such in mind, I wonder how a mother's character structure and her resultant behavior effect the growth of a genetically sound foetus. I wonder what differences in adaptation, tolerance, and sensitivity to the presence or absence of movement, noise, or touch might be expected in an infant carried by a relatively healthy mother—a mother with her variations in exercise and relaxation, excitement and calm, as they would be reflected on her infant chemically and tactilly. How would they differ from the mother I described—hyperactive, under chronic strain and emotional tension with an inevitable imbalance of chemistry, possibly excessive adrenalin for months, muscle tensions, constant activity interrupted not by healthy relaxation but only by exhausted collapse? I don't know the answers, but it seems reasonable to me that an infant is born already the product of its genetic makeup and its intrauterine environmental experiences. As such it will exhibit its unique quotient of adaptability and tolerances, and the genetic potential of each will have been augmented or decreased by the environment.

SOME OBSERVATIONS OF INFANT GROWTH

A twenty-six-year-old single female patient exhibits a firm tendency to sit quietly, speak softly and very little, and to avoid commitment of any kind. Her father, an arrogant, hard, morally rigid and self-righteous man, married a weak, fluttery, nervously active, worrying woman and was determined to have a son. Their first child was a son, who died at birth. Their second child was a healthy girl, accepted with relief. Their third child was a son who died within a few days of birth. Their fourth child is my patient. She was systematically ignored and rejected from the start and further resented when a healthy son was born eighteen months later. On one occasion she said, "I've been told by my aunt and others that long before I was old enough to remember, each time I cried out, screamed, made a noise, was angry, or caused a disturbance, my parents would dash me into a tub of cold water."

An infant is born with its nervous system far from mature, a bundle of automatic mechanisms and potential physiologic functions, a preconscious organism. Its motivation for continued growth is probably still largely innate, its environmental requirement still largely physical. Its functions appear gradually, preceded by a stage during which primitive reflexes prepare the basic pattern for the future action, and are

followed by a prolonged period of exercising this or that particular activity until smooth and skillful performance is accomplished;[5] until its own innate rhythms are established. As primitive reaction gives way to more and more discrete functional activity, the emotional milieu of the environment becomes more important. The various physiologic functions are experienced in an emotional milieu and therefore become associated in the nervous system with varying degrees of a sense of well being.[6] To the extent that these functions are experienced with positive tone, the desire to do it again will be enhanced. If associated with negative tone, there is a tendency to inhibit the experience. Restated in conceptual terms, if an infant feeds in an emotional atmosphere of love and acceptance, it develops an experiential association of feeding well-being and is encouraged to do it again. If the atmosphere is hostile, the association is one of feeding-unpleasant and there is anxiety and an attempt to avoid feeding. Normally, mother provides the emotional milieu while physiologic functions are in their critical phase. Hence she becomes the emotional hub to which functions are related. In this way functions become related to one another and a unified central core of biological experience is developed and becomes the background against which psychological growth may take place. In this phase of the individual's evolution, his presenting aspects are his physiologic functions. His motivation to continue growing is a function of the sense of well-being experienced, and self-determination is self-determination in fact—the very process of becoming aware of himself as an individual.

My patient was rejected from birth. Her earliest physiologic function was experienced in a hostile atmosphere. Surely such an inadequate environmental milieu may have resulted in: 1) An impaired opportunity to experience and establish physiologic functions and their individual rhythms, 2) Poorly developed physiologic patterning, and 3) An impoverished central biologic core.

A patient of mine came in one day and for reasons of his own told me that that morning his wife had been interested in knowing whom their four-year old son liked best of all in the world. He said his son had thought for a bit, then looked up at his mother and, pointing to himself, had said, "Me." His mother asked him how he knew and without a moment's hesitation, he said, "I know it in my stomach."

Here there is no "alienation" in any guise and I think we would do well to identify what we can of what made such a response possible. By age four, behavior has supplanted reaction. The child has long since become aware of being an individual as differentiated from others.[7] The world of himself and of things and people about him is opening up. The presenting aspects of his growth are the identification and acceptance of his boundaries in relation to his environment. His new-found tool is perception. He is inquisitive, eager to explore and to learn. He turns to the significant adults about him for guidance and help. His motivation to persist is a function of the acceptance and approval of those adults. If these are sufficient and he is given an adequate chance to experience actively his growth, perceptualization is gradually modified by conceptualization and he moves on into adolescence and adulthood. Obstructions in the form of irrational adult attitudes and demands during this phase of growth can result in impairing the motivation to explore, experience and learn. This in turn may result in 1) A general attempt to avoid perceiving; a blunting or dimming of perception, 2) A paucity of experiences with those things of which life is made, 3) A pervading sense of anxiety, and 4) A tendency to move in the defensive directions described by Dr. Vollmerhausen.

Here we have in utero, in infancy, and in childhood a number of conditions that can pertain as the result of impaired organism-environment interaction. They include: 1) Impairment of tolerance and adaptive ability, 2) Impaired opportunity to experience and establish physiologic functions and their individual rhythms, and a tendency to inhibit their patterns, 3) An impoverishment of central biologic core, and 4) A general attempt to avoid perceiving, a paucity of experiences with those things of which life is made, a pervading sense of anxiety,

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a tendency to move in defensive directions.

Are these the precursors of neurotic alienation? Might we better regard them as aspects of a complex and dynamic patterning and interaction of facilitations and inhibitions responding to fluctuating balances between organism and environment, a normal property of life and growth that, like any other normal property, can become compulsively exaggerated and an evidence of disease?

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SELF-ALIENATION AND THE LOSS OF LEISURE

ALEXANDER REID MARTIN

THE STRUGGLE of contemporary society to adapt successfully to increasing free time has been the subject of two papers I presented during the past year. The first, "Frustrated Aspirations and the Loss of Leisure," was given at the Jewish Theological Seminary, New York. The second, "Mental Health and the Rediscovery of Leisure," was read before the annual conference of the World Federation for Mental Health in Edinburgh last August. What I have to say here largely derives from these two addresses and contains nothing essentially new. I have, however, changed the focus and the emphasis and have tried to bring out more explicitly the dynamic relationship between man's incapacity for leisure and self-alienation.

I will begin by presenting my main thesis.

1) The rapid advance of technology, spearheaded by automation, together with increasing longevity, has given modern man a large measure of his latest and greatest freedom—free time—time to himself. The drastic and sudden nature of this change has caught man psychologically and emotionally unprepared to adapt himself successfully and creatively.

2) The time and external resources now available for leisure greatly exceed our inner resources and our inner capacity for leisure.

3) As long as modern man is psychologically and emotionally unprepared for sudden and prolonged liberation from industrial servitude, temporary maladaptation will result. There are many indications in everyday life and in psychiatric practice that self-alienation is the most prevalent form of maladaptation.

4) Man did not invent self-alienation. He has used it throughout the ages at times of personal and social crises. Today man's struggle to adapt to a revolutionary cultural change forces it upon our attention.

5) Alienation from self is a symptom and an indication of our emotional unpreparedness for free time, a measure of the loss of leisure from our lives.

6) Like any crutch or protection provided by nature, self-alienation *per se* retards growth but does not necessarily endanger it. The real danger arises from its unconscious perpetuation by the culture and by the individual himself. Therefore, we must become more aware of and sensitized to the self-alienation patterns of our culture, so that we do not become their perpetuants. With the advent of the New Leisure, we must be sensitized to recognize their appearance in many guises.

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To clarify and support the above thesis, I am going to mention five common cultural patterns that have a harmful effect upon our inner capacity for leisure. I will try to show that by perpetuating self-alienation they further increase our emotional unpreparedness for leisure and thus establish a vicious circle.

First, a few introductory remarks about self-alienation.

Regarding the concept of "self," I have in mind the following: the real, essential, natural "self," as distinct from some image of the "self"; the "self" that Shakespeare referred to in the well-known lines, "Unto thine *own* self be true," and "Self-love, my liege, is not so vile a sin as self-neglecting"; the "self" in the second commandment of the New Testament, "Love thy neighbor as thyself." This would be the "self" that is naturally evolving toward greater and greater awareness of wholeness and uniqueness; in other words, the "self" that Kirkegaard had in mind when he spoke of life helping us to "become what we really are."

I think of self-alienation as an unconscious dissociative process involving denial of, escape from, or deadening of those inner conflicting feelings, wishes, and impulses which are expressions of the true self. It is a negation, a repression of genuine spontaneous feelings, thoughts, and actions. Self-alienation is a means of protection unconsciously sought by the ego, which has come to feel too weak, impotent, and helpless to admit, face, and feel the "problems of the human heart in conflict with itself." It is essentially a dispiriting and disheartening process, bringing with it in varying degrees the subjective experience of despair, loneliness, emptiness, hollowness, deadness, and insubstantiality.

And now a few introductory comments about leisure's indispensable role in creative growth, so well demonstrated by E. D. Hutchinson, in his intensive study of creative endeavor appearing in "Psychiatry" (Nos. 2, 3, 4, 5; 1939-42).

The natural creative process follows a rhythmic pattern: 1) A phase of conscious work and struggle lasting for days, months or years. This is followed by 2) a leisure phase, variously described as a relaxation of conscious effort, an abandonment of logical work and reason, a period of "leaving it alone," of "letting come what will," of "opening up," of communion with self, of intimate involvement with the real self, of allowing natural biological rhythms to assert themselves, of getting in touch with the darker reaches of ourselves and "letting the spiritual, unbidden and unconscious, rise up through the common."

Suddenly, after a variable time, but *only during this leisure phase,* there occurs 3) the inductive leap, the creative flash, the imperishable intuition, the new synthesis. Following this comes 4) a period of conscious effort to improve and refine what emerged during the creative flash.

Psychologists have named these phases 1) preparation, 2) incubation, 3) illumination, and 4) verification. Phases 1 and 4 are expressions of our inner capacity for work; 2 and 3 are expressions of our inner capacity for leisure. In the creative cycle work and leisure complement each other. Creative growth depends upon the maintenance of this cycle. It is not achieved through leisure alone, but is impossible without it.

A study of this natural creative cycle provides the best means so far for giving us a clearer conception of "our own true leisure" (Thoreau). We can see clearly that it is not the opposite of work in the sense of being opposed to

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work. In work there is a focusing, a contraction of faculties, and an acuteness of consciousness. During true leisure, there is an unfocusing, a relaxation of faculties, a greater diffusion of consciousness. Using the analogy of the action of the human heart, conscious work, effort, and exertion represent the systolic phase and leisure the diastolic phase of the creative process. This lends meaning to George Eliot's phrase, "There must by systole and diastole in all inquiry." Another analogy comes from Spafford Ackerly, Professor of Psychiatry at the University of Louisville, who speaks of leisure as an anabolic process.

During leisure, we shift, as it were, from a high-power microscope to a low-power microscope. With this relaxation and the widening of the field of consciousness to include what previously had been peripheral, subconscious, and unconscious, great unifying patterns suddenly are recognized and the creative flash occurs.

Because the world of work forms our one and only frame of reference, our North American culture has glorified the work phase of the creative cycle and has ignored the leisure phase. All psychological and psychiatric research on creativity has concentrated on the work phase and has grossly neglected the leisure phase.

As a further, and even more significant, result of our adherence to a workaday philosophy, our culture has developed patterns such as the following, which seriously interfere with our natural capacity for leisure and keep us emotionally unprepared for free time. As I describe these patterns, note the dynamic role they play in the etiology and perpetuation of self-alienation.

These patterns never occur in isolation, but are functionally interrelated. They are exaggerated and intensified patterns of everyday living which are very common and which you will readily recognize in your clinical practice: 1) Frictionless Pattern, 2) Fear of the Unconscious, 3) Compulsive Pattern, 4) Conditional Pattern, 5) Superintellectual Pattern.

FRICTIONLESS PATTERN

In childhood and youth, leisure manifests itself frequently in all forms of physical interplay—"like puppies in a basket"—in physical conflict, contact sports, competitive games and recreation, all of which can be seen as healthy friction. With successive years, this healthy, interpersonal friction becomes less limited to the tangible physical life and begins to include the developing intellectual life. Mind-contact interplay then supplements and sublimates body-contact interplay.

All this conflict in healthy play, competitive sport, and recreation is one principal means of differentiating the self from the not-self. It helps to serve the leisure function of refinement, self-fulfillment, self-improvement. Edmund Burke had in mind this kind of healthy, wholesome competing to improve when he said, "He that wrestles with us strengthens our nerves and sharpens our skills. Our antagonist is our helper." Again, we have strong confirmation that interpersonal play is an essential and self-fulfilling element in leisure from St. Thomas Aquinas: "Sports are not means to ends, but are sought for their own sake. . . . Playful activities are not for an ulterior end, but in themselves contain the end, as when we sport for the pleasure of it, though at other times we take recreation to make ourselves fit for work. . . . Sport, play and recreation uphold the cause of their own delight and suffer no anxiety, for there is no waiting for something to arrive."

The Frictionless Pattern results from parental misunderstanding of this natural youthful interplay and consequent early interference with an essential leisure process. The healthy, happy "roughhousing" and fighting of youngsters too often becomes invested with malevolence by compulsive, anxious parents and bystanders, and consequently is forbidden. This taboo is perpetuated by a workaday culture which regards all "horsing around" as a waste of time. The young individual is not allowed to test his metal. In his later intellectual upbringing he is too often deprived of the healthy refining friction and conflict of firm parental discipline. Later he is discouraged from entering into the healthy conflict of vigorous argument and disagreement with others. Thus, parental and cultural repression of the natural physical manifestations and pursuits of leisure in early life set the pattern for the individual's avoidance of later intellectual forms of healthy interpersonal friction. Well aware of the extent to which this frictionless pattern prevails in our culture, Arthur Schlesinger of Harvard refers to it as the "bland leading the bland."

The frictionless pattern tends to make leisure less and less possible. With each avoidance of healthy interplay, sport, and conflict, the individual feels increasingly weaker and this leads to alienation from others. Similarly, in his inner life he avoids his inner conflicts by alienation, as it were, from himself. This leads to a vicious cycle. We see in this frictionless living, which is glorified by our culture as "togetherness" and over-emphasis upon "we" thinking, one perpetuating cause for modern man's feeling of weakness and his inability to face and feel the conflicts in himself. He avoids leisure because during leisure his inner conflicts emerge into consciousness and he now feels too weak and helpless to control them. This eventuates in further avoidance of leisure and further alienation from his real creative self.

The healthy friction of formative interplay and conflict in the outer and the inner world provides the "spark of life" and the warmth and fire of our emotional being from which issue imagination, inspiration, and creativity.

William Faulkner, the writer, clearly saw the connection between creativity and the facing and feeling of one's own inner conflicts which enter consciousness during leisure. He tells us that avoidance of this communion with the real self will avoid pain, but that the end result is sterility. In his 1950 Nobel Prize acceptance speech, he said, "The young man or woman writing today has forgotten the problems of the human heart *in conflict with itself*, which alone can make good writers, because only that is worth writing about, worth the agony and the sweat."

FEAR OF THE UNCONSCIOUS

We can consider "free association" as the process of relaxing conscious control and giving thoughts and feelings spontaneous expression. However, such a flow of free, spontaneous self-expression meets built-in resistance, and psychoanalysis in large part consists in helping the individual to recognize and overcome this acquired resistance to his freedom of expression.

What has this to do with leisure? *Free association is in every respect and in essence a leisure process.* Compulsive control, which prevents this natural leisure process from asserting itself, stems from fear of the unconscious.

In many ways, our upbringing and our culture determine and perpetuate this fear of the unconscious. For instance, there has been great cultural

glorification of the conscious, logical, sensible self, with negative, contemptuous and rejecting attitudes toward the unconscious part of ourselves. Prior to Freud, what took place unconsciously was regarded as meaningless, illogical, absurd, and ridiculous. Freudian psychology, which has dominated so much of our thinking in the past half century, showed us the rich significance of all unconscious processes, but it also inculcated a strong fear of this part of our lives. Freud led us to believe that everything that went on unconsciously was inevitably and immutably antisocial, perverse, destructive, and impossible for man to admit to himself.

There are also psychological determinants of this fear of the unconscious. To "let come what will" brings us closer to our real self and to our inner strength and resources. It also brings us face to face with our inner conflicts, our contradictory feelings and motives, and other human frailties and characteristics. This would destroy our illusions and our prideful image of ourselves. Furthermore, feelings of impotence induced by certain patterns of living, particularly the frictionless pattern, make us afraid to admit our deep emotions to ourselves. Invariably and egotistically we attribute this fear to the strength of these emotions, rather than to our feelings of impotence. It is really the latter which lead us to apprehend every impulse on the threshold of consciousness as overpowering, and every ripple of imminent emotion as an impending tidal wave.

Fear of the unconscious protects our illusions and Olympian aspirations, but it prevents us from feeling deeply. It perpetuates our avoidance of leisure and stifles creative activity and growth.

COMPULSIVE PATTERN

I would remind you that in the standard English Thesaurus, compulsion is an antonym for leisure—and compulsion certainly characterizes much of the American way of life.

It helps if we consider compulsions as reactions which always have a must or imperative quality about them. We can appreciate the difference between the man who *must* play golf and the man who *wants to* play golf. Between the man who *must* win at all costs and the man who *wants to* win. Also, under compulsion, we have all those reactions that are influenced by a sense of obligation, expectation, demand, what you are supposed to do, what you should do, what you ought to do. Consider, for instance, the difference between "I ought to go to sleep" and "I want to go to sleep," or "I ought to take a vacation" and "I want to take a vacation." Ogden Nash's comment about modern living that, "We suffer from hardening of the oughteries" is all too tragically true.

The dynamics of compulsive living are complex and intricate, but I will try to present them to you in relation to self-alienation.

What happens when we get this great new freedom—free time—this liberation from industrial servitude, this freedom from an outer compulsion to work? Ideally, we cease to be subjects, we accept our autonomy, and are free to become our own boss. But many are afraid of this freedom, because they feel incapable of being their own boss. They feel their emotions would be too much for them. Such feelings are symptoms of a so-called "weak ego." The weaker the ego, the greater the need for some compelling authority. When those with a "weak ego" have no outer compulsion to work—i.e., when they have free time —they not only have to avoid leisure, but they have to set up another authority and thus exchange the objectively

imposed compulsion for some subjectively imposed compulsion.

In avoiding leisure, the individual avoids his real self and his autonomy. This self-alienation further weakens the ego and perpetuates a vicious cycle. A person so involved subordinates his intellectual and physical work to the aggrandizement of this subjectively imposed authority, perhaps his family, his business organization, society, or the state. Afraid of freedom, he operates solely under a sense of obligation or duty to this authority and has no sense of obligation or duty to his real self. At times he rebels. His life then consists solely of rendering unto Caesar what are Caesar's, or else rebelling against Caesar, and he never conforms to his own inner nature, because in avoiding leisure he has lost touch with it. In other words, he places himself in the lap of the gods, and his gods are the gods of work. Toward them he *reacts* compliantly or defiantly, but he never really *acts*. He has no time to call his own. It belongs to Them, and he serves Them under compulsion and anticipates rewards, or defies Them and anticipates punishment.

CONDITIONAL PATTERN

Work and leisure naturally complement each other in the healthy growth process. But with self-alienated individuals, their natural work-leisure cycle becomes subordinated to a socially motivated work-leisure cycle. They now operate entirely on a debit-credit, reward-and-punishment system, where work becomes the payment, penalty, or punishment for leisure and, on the other hand, leisure becomes the reward for work. *All* their play, leisure, relaxation are thus exclusively conditional and felt to be only rightfully forthcoming on condition that they pay for it with labor and sweat.

These people feel with Longfellow's blacksmith that you have to "earn your night's repose." Nothing comes as a blessing. For them, free and unmerited love is inconceivable, all the give and take of life is exclusively conditional, all relationships are on a bargaining basis. *All* living and *all* working become their means of getting a claim on God, fate, fortune, or some human being. The gift outright becomes impossible and there can be no gracious giving or receiving because the old revered phrase, "By the grace of God," has no meaning whatsoever. They have great feelings of guilt if they are not always doing something practical, sensible, and useful.

SUPERINTELLECTUAL PATTERN

Compulsive use of the intellect to repress the sensual and emotional is familiar to all. We have, however, failed to note how much of this pattern is characterized by great glorification of the mind at work and complete contempt and rejection of the mind at play. These individuals convince themselves that solely through intellectual work, intensive thinking-through, logical reasoning, and figuring out can they reach solutions and find answers.

It was perhaps the glorification of this *compulsive* thinking that St. Paul in the Fourth Chapter of Ephesians called the "vanity of the mind," which we are told in the King James version of the Bible accompanies "blindness of the heart" and leads to "alienation" from life and "being past feeling."

Albert Einstein warned against what he called "a matter-of-fact way of thinking which lies like a killing frost on all human relations." Goethe spoke of the dedication to intellectual work "that ends in bankruptcy."

Intellectual work, reasoning, and figuring out, although necessary, are not

enough. Free play of the mind, as well as free play of the body and the feelings—in other words, free play of our whole being which can only take place when we are at leisure—are essential and natural to creative processes.

I have dealt above with five common patterns of everyday living that perpetuate our self-alienation reaction to leisure and thereby increase our emotional unpreparedness for it.

I will conclude by suggesting certain ways to increase our emotional preparedness for leisure and thus lessen our need to resort to *perpetual* self-alienation and other non-creative patterns as our only means of adapting ourselves to our new freedom.

1) We must recognize and define leisure's essential function in personality development and vividly stress the indispensability of leisure in every creative process.

2) We must become aware of those patterns in our culture which have a helpful or harmful effect upon our leisure in order to promote those that are helpful and avoid perpetuating those that are harmful.

3) We must reaffirm our faith in man's unconscious being as the organ through which he lives his spiritual life, as the fount of poetry, music, and the visual arts, and as innately healthy, constructive, and indispensable to all creativity. Professor Maslow says, "Those individuals subject to the creative flash or peak experience have a certain permeability—that is, a closeness and an openness to the unconscious and a relative lack of fear of their unconscious." We must understand and help to dissipate compulsive adherence to Freud's conception of the unconscious as instinctively and immutably antisocial and destructive. We must differentiate between healthy and unhealthy unconscious processes.

4) We must accept the new scientific principles of physical indeterminacy and break away from *sole* adherence to the mechanistic determinism of Newtonian science and from the belief that man is wholly subject to exact and predictable mechanical laws. Those *compelled* to adhere strictly to the laws of physical determinism find it difficult to experience true leisure.

It is significant that as we enter a period of increasing free time the philosophic shift in man's thinking has moved away from reliance upon rigid, fixed physical laws. As man, with help, becomes better able to use his free time for leisure, he will acquire greater inner strength whereby he can face the idea of physical indeterminacy and unpredictability. He will recognize the tragic implications of the phrases "dead certain," "dead right," and "dead center," and will take as his motto that wonderful line from Graham Greene's play, "The Potting Shed": "When you are *not* sure, then you are alive."

5) We must cultivate a humble-minded attunedness to nature and to our own nature. This means loving and listening to children and particularly loving and listening to the child in oneself. Acceptance of the unconscious which accompanies leisure goes along with a great capacity for humility and a love for the beginning of things.

6) We must encourage a more poetic approach to life, as one way of offsetting and avoiding the compulsive materialism and literal-mindedness so characteristic of many who cannot truly enjoy their leisure time. This compulsive literal-mindedness, so often glamorized as being logical, practical, and objective, serves as a resistance to relaxing, wondering, marveling, contemplation, and other expressions of leisure necessary for creative growth. We must, of course, always be prepared to take things liter-

ally, but this is not enough. There is also something that transcends the literal, which we admit when we say that man cannot live by bread alone. This inclusion of a poetic approach to life as part of a total educational process and as making us fit for leisure was advocated by Heraclitus when he exhorted us to "listen to the essence of things." This is what Goethe referred to as "living in the all." And Van Dyke when he told us to ". . . listen to stars and birds, and babes and sages with an open heart—and let the spiritual, unbidden and unconscious, rise up through the common." And Emerson, who reminded us that "the invariable mark of wisdom is the ability to see the miraculous in the common."

7) We must encourage that healthy interpersonal friction which is a vital and natural manifestation of leisure and recognize the formative influence of all physical and intellectual interplay, competition, and conflict with others. We must appreciate the influence of this interplay in generating the creative spark and realize its essential role in differentiating the self from the not-self, thus increasing our sense of uniqueness and identity, and so strengthening the real self. Acceptance of non-compulsive physical conflict, sport, games, and competition as natural manifestations of leisure in childhood and youth insures our capacity to accept intellectual friction and also the friction of our inner conflicts.

The famous Russian philosopher Ouspensky, in his book, *In Search of the Miraculous,* says: "Fusion, inner unity is obtained by means of 'friction,' by the struggle between 'yes' and 'no' in man. If a man lives without inner struggle, if everything happens within him without opposition, if he goes wherever he is drawn or wherever the wind blows, he will remain such as he is."

8) We must develop clearer conceptions of progressive education so that we recognize that real work and real play do not overlap. Some proponents of progressive education are inclined to balk at the idea of hard work, agony, sweat, and tears. They substitute cooperation for competition and regard all conflict and friction as destructive. They strive to convert work into play. They fail to see that intense work complements play and leisure in every creative process. They do not distinguish between compulsive friction to *prove* oneself and healthy friction to *improve* oneself; between competition for the sheer pleasure of it, competition to become more fit for work, and compulsive competition. Such misconceptions and confusion mainly arise from a failure to differentiate compulsive work and play from healthy and natural work and play.

9) We should avoid rigid adherence to what we can call a Conditional Philosophy. This philosophy places *all* life on a conditional basis and completely negates all unconditional love and unconditional giving. If you take the right road, you get a piece of cheese; if you take the wrong road, you get a shock. Thereby we all become highly conditional beings. Life becomes just one damned maze after another, with no exits. The gift outright, free and unmerited, becomes inconceivable, and thus there is no conception of leisure, sleep, play, and interplay as blessings to be enjoyed, but only as rewards to be earned. Without Grace, considered either in its narrow or exalted sense, there can be no true leisure and no true play or interplay. Where such a conditional philosophy dominates, there can be no creativity, there can only be brilliant improvisations.

10) Education should consider a holistic rather than a dualistic approach

to man's nature, behavior, and growth. This basically assumes that, although assailed by inner conflicts, the whole or healthy man, the Homo Dei, as Thomas Mann puts it in *The Magic Mountain*, is "lord of all counter positions." He possesses inner conflicts but is not possessed by them.

Such holistic conception would transcend the present-day narrow and limited conception of a workaday world, and would provide an entirely new frame of reference in which work and leisure would in no sense oppose each other. Neither would have preference, primacy, or supremacy, but their perfect complementation would be recognized as essential to growth. One main direction of that growth would be toward greater and greater consciousness of our wholeness and uniqueness.

We could extend the conception of the whole man to include the idea of "global man." "East is East and West is West and never the twain shall meet" reflects the old dualistic philosophy. In the East we see this too often expressed in compulsive passivity, excessive preoccupation with the Self, over-indulgence in contemplation, wondering, marveling, and in negation of activity, the outer world, and "the other fellow." In the West, we see this dualistic philosophy too often expressed in compulsive activity, excessive preoccupation with the outer world and "the other fellow," compulsive dedication to work and effort, and negation of leisure and the Self. However, the man of the future, holistic or global man, will realize and accept in himself the complementation of these two great dynamic patterns of living as essential phases of the growth process, and this will find expression in greatly increased creative activity and growth.

Perhaps we are beginning to see the creative effects of this Oriental-Occi-

dental complementation in the contributions of Oriental scientists doing basic research in the West. For instance, Nobel Prize men Yang and Lee, doing basic research on sub-atomic particles, staggered the world by discoveries which upset a hitherto fundamental principle of physics called "parity." Teru Hayashi, doing basic research on the physics and chemistry of muscle, has made outstanding discoveries and contributions. Hayashi's adherence to a holistic philosophy is implicit in the following statement he made to John Pfeiffer (*New York Times*, November 24, 1957): "The public thinks of the basic investigator as if he were one-sided, *not a whole man*. Actually, he has a far wider range of interests beyond Science than most specialists, far wider than people realize."

11) Finally, and of transcending importance, we must become aware of our total immersion in a philosophy that permeates and dominates all the thinking and behavior patterns of our Western culture and is largely responsible for the aforementioned five patterns which so seriously affect our leisure. This philosophy has as its sole and entire frame of reference the world of work. But this workaday world is rapidly becoming smaller and, according to Boris Pregel, past president of the New York Academy of Science, will shrink to a twenty-hour work week within the next decade. Isaac Deutscher, in *The Great Contest*, tells us that the Russians are now preparing their people for a three-hour work day by 1984.

We in the West are crossing the threshold of this totally new world equipped with an obsolete philosophy. Oliver Lodge reminded us that the last thing a deep-sea fish discovers is salt water. We, too, remain unaware of our habitual ways of thinking. We are unconscious victims of outmoded se-

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quences and patterns of living which keep us wholly unprepared for our forthcoming adventure in free time.

The accelerative rate of evolutionary change and growth causes rapid obsolescence of our tools and instruments of thought. Never at any time in the history of Western culture has this been more true than today when we consider the radical change that has taken place almost overnight between the old workaday world and the new world, where we have more free time than we know what to do with. Where yesterday our concern for mental health led us to those who were underprivileged, exploited, overworked, and "poverty-stricken," today we are forced to turn our attention to the problems of the "leisure-stricken."

A new philosophy transcending the workaday world will dispel that "gospel of work" which regards all leisure as something to be paid for, to be earned, to be deserved, or as a reward for labor and sweat. The proponents are still with us. They falsely equate leisure with sloth, idleness, and laziness. Margaret Mead says, "The belief that Leisure has to be earned will die hard."

Insofar as we subscribe to the law of survival of the fittest, we must ask the question: Fit for what? Great Medicine, as Alan Gregg called it, has served to lengthen life and to make man more fit for work and will continue to do so. But now we must also serve to make men more fit for leisure with the firm belief that only those fit for work *and* leisure will survive as creative individuals. The others will exist as sterile robots, alienated from life and from themselves, living vicariously and so deadened that they compulsively seek over-stimulation from the extreme, the lurid, the bizarre, and the macabre.

I conclude with this grim picture of self-alienation, all too common today throughout Western culture, because it epitomizes the "tragic use of free time" so truly and vividly that I hope it will shock us out of our indifference, reveal our responsibility, and stimulate us to immediate action.

ALIENATION: MAN'S FATE
AND MAN'S HOPE

HELEN MERRELL LYND

THE PRETENTIOUS TITLE of this paper is an attempt to say, as simply as possible, that in order to enter into understanding of experiences of alienation and identity we must be willing to confront the most profound contradictions —and questions—of human existence. I should like to suggest what some of these are.

Pondering this subject, I asked a psychologist for whom I have great respect if the concept of alienation had a central place in his thought. He said No, because the term has so many different meanings that he does not find it useful. I could not but think of some of the terms he—and all of us—do use with at least as much variation in meaning, terms such as anxiety, shame, guilt, sex, self, variable, identification, motive. The different usages of alienation do not rule it out!

Most of you probably have seen the recent collection of essays entitled *Identity and Anxiety*.[1] One of the striking things about this volume (in addition to certain notable individual essays, especially some by the less well-known contributors) is the almost total lack of agreement on the meaning of anxiety. Some of the phenomena discussed as anxiety could, it seems to me, have more accurately been called alienation.

By this I mean that, although anxiety is sometimes conceived as a wholly sub-

jective experience, the very term alienation implies a *context*—from which one has become estranged. Alienation may be experienced as loneliness, isolation, separateness, anonymity, or *anomie;* but in trying to understand alienation we must be aware of a definite environmental as well as a personal basis for the experience. The term alienation directs attention to the situation of man in the world and in society, the conditions of his life, his relations to his fellowmen, as well as to the way he feels or experiences those relations. It suggests that with the question, Who am I? we must consider the question, Where do I belong?

This is evident even in literary descriptions of alienation that are mainly concerned with alienation as an experience. T. S. Eliot's "The Hollow Men" is another account of *The Waste Land,* which the Hollow Men inhabit. Housman's couplet, "I am a stranger and afraid/In a world I never made," describes the world as well as the self. Arnold's conclusion of "Dover Beach," "Ah, love, let us be true to one another!" is not only an appeal to love, but also a recognition of the world as "a darkling plain" on which "ignorant armies clash by night." In his statement, "Getting and spending we lay waste our powers," Wordsworth sees humanity as a faceless mass intent on

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errands irrelevant to the individual, who is thus "out of tune" not only with nature but with his fellow men.

Some conceptions of anxiety raise the question, is or is not this feeling *appropriate* to the situation? The concept of alienation forces the question, is this a *true* account of the situation or not? Loneliness or isolation may be in part subjective feelings that can be transcended through psychoanalysis or other means that concentrate on changes in the individual. But the transcending of alienation must ultimately include a change in the external reality, as well as in the individual. Alienation pertains to a real world that is other than a psychic entity. Solely within the therapeutic relation it cannot be overcome; it must be confronted in life itself.

This is not, of course, to deny that some ways of experiencing alienation are peculiarly subjective, or that psychotherapy can be of great help in setting us free to confront alienation. Nor is it to deny all the different experiences of self-alienation or of alienation from one's fellows that are self-imposed. But sometimes therapeutic concentration on these psychologically real experiences can divert attention from their basis of reality in the "objective" situation. There is a difference in quality and in order of magnitude between the difficulty of relating to one's parents, intractable as that relation may be, and the difficulty of relating to death; between the difficulty of dealing with the most authoritarian employer and the difficulty of seeing one's children hungry or starving because one cannot get work; between the most searing experiences of personal shame and the apprehension of no meaning in the universe. I believe that we must look these differences full in the face as we consider what the experience of alienation has meant through

the generations: from Sophocles' statement that it were better not to have been born, and Dante's image of being lost, in the middle of life, in a dark trackless wood, to Freud's deep sense of the inevitability of human tragedy.

Is it then meaningless to speak of any transcending of alienation, of any genuine alteration in a dilemma so deep-set, so intertwined with the very condition of being human? Is Freud essentially right in his pervasive assumption that no social changes can notably alter the tragic nature of human experience? Some versions of existentialism share Freud's view that nature and society are equally and inevitably hostile to men. Glenn Gray summarizes this existentialist view in this way:

"The world into which we are thrown as human creatures is radically insufficient to the . . . requirements of the spirit. Our natural *and social* environment oppresses us with its foreignness, its unsuitability as a home for all that is specifically human about us. . . . If we are genuine persons . . . we can gain no hold or support in nature *or society*."[2] (Italics mine.)

A similar statement has been made by Edith Weigert, whom I greatly admire, but with whom I disagree on this point. She dissents from the idea that the present historical situation, with its changing institutions and cultural values, imposes radically different problems for psychoanalysis than those of the somewhat more tranquil Nineteenth Century. Although loss of identity may be influenced by decay of tradition and of community values, it remains, she believes, "not a sociological but an individual problem."[3]

These are different versions of the belief that no changes in the social order can make man less of an alien in it; that the situation of men in society is as foreign to their desires and as un-

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alterable as the fact of death; that there is nothing men can do that will make them the creators rather than the victims of their social environment.

In contrast we have such an easily optimistic view as that of John Stuart Mill, who wrote:

". . . no one . . . can doubt that [poverty, disease, and] most of the *great positive evils* of the world are in themselves removable. . . . Every advance in that direction relieves us from some, not only of the chances which cut short our own lives, but . . . which deprive us of those in whom our happiness is wrapt up. . . . The *chief sources of human suffering* are largely *conquerable* by human care and effort."[4] (Italics mine.)

Lionel Trilling, Herbert Marcuse, and others accuse—too sweepingly I believe—Freudian revisionists such as Karen Horney, Fromm, and Sullivan of a similar superficial healthy mindedness, and maintain that only Freudian theory provides a psychology commensurate with man's tragic fate.

The implications of these differences of emphasis are very great. It does make a difference whether one regards certain kinds of experience as individual problems, largely independent of the historical situation, or as in part produced by the society. The difference it makes is illustrated by many recent studies in psychology and the social sciences. To cite only one: a study done under the sponsorship of the Fund for the Republic began as an examination of Teachers' Fears, of what effect the McCarthy epoch (unfortunately not extinct)—the questioning of teachers by government agencies, the dismissals, the imprisonment, the informing by teachers on other teachers—had had on teachers and their teaching. It then became not a study of Teachers' Fears, but of their apprehensions or anxieties,

with the shift of emphasis from fear of a real object to anxiety about something vaguely apprehended or perhaps a subjective creation. It ended as a description of *The Academic Mind*,[5] not without the implication: What is the matter with teachers that they are so susceptible to anxieties?

Either extreme formulation of the problem of alienation seems to me to be inadequate: the John Stuart Mill Nineteenth Century version that holds that the limits and the anguish of life can be essentially overcome by humanistic "progress," and the Twentieth Century version that holds that man's situation in any society is as inevitably "absurd" and alien as the ending of life in death.

If these extreme interpretations are inadequate, it follows, as I suggested earlier, that alienation in contemporary society, which is experienced as isolation or loneliness, cannot be viewed wholly as a cosmic or wholly as an individual phenomenon. Whatever its eternal or its individual aspects, it is in part an outcome of the technologies and the relations of production of a particular society in a particular historical period. A society dominated by work, as Dr. Martin has discussed it,* or by the market, as Fromm has pointed out, tends to treat men as things, and to accord to things or to rituals of the market the reverence that should be reserved for human beings themselves.

In a society dominated by reverence for work and the psychology of the market, we develop psychological and sociological theories that persons are to one another what Marx called commodities and Freud called objects—no more than instruments for the satisfaction of needs, exchangeable and easily

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* Self-Alienation and the Loss of Leisure (See page 156).

replaced by others when lost. Human learning and human motives are reduced to pain and pleasure, reward and punishment. We regard ourselves and others as collections of roles and statuses, and act as if the sum of these is the identity of a man. Such interpretations of human nature rest on assumptions, not only of economic, but of *psychological* and *moral* scarcity. They rob not only one's individual life, but all life of meaning. They divert attention from consideration of the ways in which identity can overcome alienation in human society, and they do nothing to help men to face their ultimate destiny. The extent to which such thinking can produce a transvaluation of values, a perversion of ends in means, appears in such things as the announcement by the Pentagon last November that the United States is committed to further development of germ and chemical warfare as more "humane" than nuclear warfare and supposedly for the ends of human freedom. Can the alienation of men from humanity go further?

If we do not accept such corruption of the nature and purposes of men, or the extreme view that the individual and society *must* be in conflict, how then do we interpret and deal with the undeniable fact of alienation in this, our contemporary society?

First—and most difficult—we must confront the ultimate tragic paradoxes of life. Life ends in death for ourselves and for those we love. In imagination we can move backward and forward in time, but the actual span of our lives in history confines us to less than a century. In these years we can bring to fullness only a few of the many potentialities within us. It is the part of dignity not to minimize or to avoid this confrontation, or to assume that any form of humanitarianism or social amelioration is a substitute for it. ". . . Men

must endure Their going hence, even as their coming hither: Ripeness is all."[6]

But, second, if it is important not to blur the ultimate perimeter of life, it is also essential not to confuse, as in the statements I cited earlier, its *natural* and its *social* boundaries. History may be seen as the attempt of man to make a home for himself in the world, and the turning of what have been accepted as inevitable frustrations into actualized dreams. This attempt need not be abandoned because there are limits beyond which it cannot go. It is possible both to apprehend the natural, final shape of existence and to affirm the importance of all that is as yet unrealized, but that may come into being. The very act of facing that true shape may cause doorways to be discovered which in no other way could have been found.

Much here turns on where we place the insurmountable boundaries, and how we conceive of realism and reality. When we are urged by "realists" in foreign policy, by some therapists, by all manner of practical people to "face reality," this reality usually turns out to be the assumed meagreness in ourselves and in others prescribed by the conventions and institutions of our society. Emphasis falls on what can *not* be done, on a narrowed basis of choice. This narrowed focus—applied to human nature, to social roles in our culture, to the understanding of other nations and our own, to diplomatic options—constantly intensifies itself. Each successive step leads to a more constricted focus and makes the subsequent steps seem inevitable, allowing still less choice.

But there are other realities as indubitable as tragedy. Rarely are we urged to "face the reality" of Bach's chorales, of a child's expectancy and trust, of the laying aside of roles that makes way for mutual discovery in love,

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of courage under stress, of Fifth Century Athens continuing to produce Sophocles and Aristophanes while an enemy surrounded and besieged the city, of the actual enlargement of human life on earth that has taken place. Realism that excludes the longer, enduring purposes of men is less than full realism. The Utopianism of one era has repeatedly become the basic norm of decency for the next. One aspect of alienation as man's hope is this search for enlarging the possibilities of reality.

And, in fact, in many societies and in many mythologies, the experience of alienation has worn a beneficent as well as a terrifying aspect. Separation, in the well-nigh universal myth motif of the wandering prophet, is the precondition for the discovery of that which is newer and older and more real than the parochial customs of the village. The true prophet is he who goes into the unexplored wilderness and who returns to be a leader and life-giver to his people. More contemporary versions of the myth, such as are found in *Anna Karenina, Bread and Wine,* and *Doctor Zhivago,* have the hero, adrift and unhappy in the city, returning to the village to rediscover his boyhood and to spin at last out of his own renewed substance, filaments binding him to life. It is significant that in *Doctor Zhivago* the hero returns at last to the city.

But in either the older or the newer versions of the story, going beyond the settlement and setting one's face toward the more enduring, universal realities, involves conflict with many accepted social forms. The very words "facing reality" describe it as a turning of one's face, as an act of selection. Facing reality is no simple "given." Our whole lives are spent in an effort to discover when our refusal to bow to limitations is an escape from actualities, and when it is courage and rational faith.

This brings me to my final point. The question, Who am I? must, as I suggested earlier, include the question, Where do I belong? If our present society, so pervaded by alienation and depersonalization, does not offer identifications that permit genuine commitment and engagement, then one must reach beyond it. It is necessary to develop perspective, a seeing-through of immediacies and placing them in a larger whole. Many contemporary issues are studied piecemeal: the effect of comic books on juvenile delinquency, the role of television in elections, the possibility of detection of underground explosions of nuclear weapons. These are not isolates, and become meaningless issues when considered as isolates. They must be seen as part of the fabric of the whole society.

We may not aspire to what John Donne called "God's perspective"—the whole world—yet we may greatly enlarge the context in which we are accustomed to see specific issues. Even in these myopic and belligerent times, we are not without examples of such enlargement. Let me mention only two. One is Jerome Frank's article in the August *Psychiatry,* entitled "Breaking the Thought Barrier."[7] Here particular political and national and ideological issues are not belittled, but the questions of defense, of the cold war, of national rivalries, of *We* and *They* are placed in the setting of the future of humanity.

Another example is Nehru's speech of last October before the United Nations, in which he said:

"It is easy to criticize the action or inaction of any country. But this criticism ... only increases tension and fear, and nations take up rigid attitudes from which it is difficult to dislodge them.

"It is well known that we [in] India ... are having a controversy with ...

China over our frontier. In spite of that ... we continue to feel that proper representation of [China] in the United Nations is essential. . . . This is not a question of liking or disliking, but of doing the right thing.

"... a great son of India, the Buddha, said that the only real victory is one in which all are equally victorious and there is defeat for no one. In the world today that is the only practical victory."[8]

Such statements as Frank's and Nehru's cannot be thrown aside by putting them in one political category or another. They are statements, not of political, but of human problems.

To be willing to act in terms of larger than customary identifications, to open ourselves to communication with our fellow human beings—whatever their nation or race—involves *risk*. And constantly, in discussions ranging from child-rearing to inspection of nuclear weapons, we are exhorted to seek security and to avoid risk. But total security is impossible; and security is not the sole end of man. It is part of being a mature and developing person to be able to live with uncertainty and insecurity, to endure tensions without being paralyzed by them. The same is true of any society that has claim to maturity. As individuals and as groups we can only begin to overcome alienation by developing a working relation with situations that are not sure but *possible*.

It is only with this capacity that we can come to see the dilemmas of the present in their historical perspective, not in order to minimize their seriousness, but to engage with their complexity. In this way we can discern and help to create movements with promise for the future.

Alienation, then, is man's fate in that there are finitudes of his existence that he cannot overcome. It is also in part man-made. Our social institutions, having been made by men, can be changed by men. Men need not be as alienated as they are in present society. By facing alienation as a social and historical phenomenon, not only as a natural and individual one, we can turn present limitations into hopes. We can help to bring into being a world more commensurate with our capacity for wonder.

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DISCUSSION

ABE PINSKY, M.D., New York:[*] I am in sympathy with the optimistic tenor of Dr. Lynd's paper as demonstrated by the fact

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that she makes a distinction between unavoidable alienation (man's fate) and alterable alienation which is the result of shortcomings in our society.

A bit later I will raise the question of whether we have to accept entirely the concept of unavoidable alienation, namely, that there are some aspects of man's situa-

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tion that make his existence abnormal. At present, I wish to state that I, too, spurn the notion that man's alienation is forever fixed, no matter what the state of his society. I believe rather, that man, given sufficiently healthy motivation and constructive use of his intelligence may, using Dr. Lynd's phrasing, "cause doorways to be discovered" even when confronting the absolute shape of the existence.

I now want to discuss a problem arising out of this paper, a problem of definition and inclusion. Dr. Lynd, in common with most workers in the field of social science, stresses the idea that alienation implies an estrangement from the environment. She says the term "alienation" directs attention to the situation of man in society and it suggests that "with the question, who am I?" one must consider the question "where do I belong?" Psychoanalysts, on the other hand, do not use the word "alienation" in the above sense, but use it to indicate an estrangement of a person from his real self, an estrangement brought about by the evolutionary development of the neurotic character structure. The latter usage of the term indicates an entirely different frame of reference and the difference must be clearly indicated for confusion to be avoided.

However, I bring up this different principle because in analysis we sometimes see intrapsychic alienation operating in the guise of societal alienation, so that what looks like alienation from some aspect of the environment may be really a manifestation of alienation from the self. I can best illustrate this with a clinical example.

A patient of mine had recently been appointed teacher in an elementary school where underprivileged youngsters predominated. The school had a "blackboard junge" about it. My patient quickly began to complain of feeling isolated and alienated from his pupils, of being unable to communicate with them, to reach them. He said, "The kids won't learn; you just have to be a policeman." On analytic exploration, it was found that the so-called alienation from the children symbolically represented an alienation from himself, brought on by violent self-contempt for not being

capable enough to transform his pupils from marginal students to bright, healthy ones. He had been advised and warned by other teachers to compromise with the reality of the situation by lowering his high academic standards, but he discarded their suggestion, feeling that he could and would succeed where others had failed. When his own failure occurred, he externalized his alienation, resulting from self-reproach, to his pupils and felt alienated from them. (He even used the term literally.) So we see that a supposedly environmental alienation can be an expression of self-alienation.

Coming back to that portion of Dr. Lynd's thesis in which she makes a distinction between unavoidable alienation and alterable alienation, I should like to open the question of whether we can be sure of unavoidable alienation. The people who espouse the notion of man's everlasting estrangement use as their jumping-off point the inevitability and absurdity of death. The preoccupation with death seems to be quite fashionable among some European existentialist writers, as Sidney Hook has pointed out in an excellent article in the August, 1960, issue of "Commentary." My contention is that even though death is inevitable, it need not be absurd or tragic or apocalyptic in its awesomeness. I will grant that death at the age of forty or fifty can be absurd or tragic. But is death necessarily absurd at the age of eighty or ninety? How does one know? How many adequate psychoanalytic studies have been made on octogenarians with this question in mind? None. It is, therefore, conceivable that death, the one unalterable and inexorable fact of life, need occasion no panic or helplessness or alienation at appropriate times. It is quite possible that that old British optimist, John Stuart Mill, may yet be vindicated. A day may come when man will once again shed his despair at being human and rejoin the fray with spirit, zest, and verve. It may not be a Utopian day since human conflict and tragedy will almost always be with us. But it may be a time when man effects a reconciliation with nature and removes all vestiges of estrangement and alienation between himself and the universe around him.

SELF-ALIENATION AND SELF-CONFIRMATION IN MODERN ART

CHARLES HULBECK

ANY EVALUATION of art, aesthetically or psychologically, presupposes some sort of general concept about the meaning of art in human existence. The fact that there was artistic activity many thousands of years ago which produced drawings, paintings, and sculptural work by no means inferior to the artistic work of today makes it clear that art and artistic expression are only partly bound to specific historical periods, and that it is also a fundamental expression, a primary and original psychological move of man. If we accept Jung's archetypal ideas, we may say that art has an archetypal character. There has always been art as there has always been a drive for power, a sexual instinct, a fear of the unknown and the infinite. Art is equally as important to man as his religious drives, reactions, or feelings of many sorts. In other words: art cannot be eradicated from human existence. This means that if we look at art today we have to think of the fact that the present only produces a specific type of art, yet is inevitably linked to the archetypal need for aesthetic expression.

The primary instinct of art, the original drive to express oneself in art, the aesthetic ability in man was very often covered by cultural values or requests. Any interpretation of man's aesthetic accomplishments should, therefore, be a careful investigation of the manifold psychological and cultural aspects of art. Whether primitive man drew a buffalo because he wanted to catch and eat it or because he was afraid of it, or because he simply enjoyed imitating its image, or whether he drew for religious or other purposes is quite impossible to say. If we follow existential thinking, we can state that art at all times is a process or a situation and is characterized by the simultaneity of complex motivations.

The art we are confronted with today is not different from primitive art in its motivations. As a matter of fact, its relation to primitivity is obvious. I mean to say that, psychologically speaking, art is art and that the difference in style, for instance, between art in medieval times and art of the Twentieth Century cannot be derived from a difference in its motivations. As sex and the sexual drives express themselves in different forms of living at different periods of history, so does the drive for artistic expression.

If we were able to extend our knowledge over the whole of the existence of the human race and look at the different products from different periods together with one long stare, we would come to the conclusion that all the differences are parts of one simultaneous artistic human origin. If, in other

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words, the different cultural and historical stimuli that caused the differences in style had hit primitive man in one day, he probably would have shown art of different styles in one day also.

Modern art, to use a misleading phrase, has, therefore, the same origin as all art. All modern and less modern styles are related to man's psychological needs. If we follow this course of thinking we may be able to find new viewpoints for understanding specific problems of modern art. Modern art is not, as the directors of a well-known museum put it several years ago, art in progress. Modern art is neither progressive nor, if you prefer a political term, reactionary. It is art operating under a specific historical or cultural pressure. The powerful aesthetic instincts find a way of expression at all times, circumventing obstacles or accepting favors.

If, considering this, one tries to understand the surprising fact of abstract art, we see first that abstract art is essentially not different from any other art. Abstraction in art is seen in many historical periods. The withdrawal of the artistic drive from the image is nothing new and has existed at all times. It is a part of the creative situation. Abstraction, if looked upon as a psychological fact, becomes—to repeat—a part of the creative process in which the object is only one participant. Abstraction is, therefore, a sign of a specific psychological turn in the aesthetic drive; it appears when object and subject unite in the process of creativity. If, on the other hand, object and subject are held apart through cultural or psychological influences, the artistic product will not be abstract.

Wilhelm Worringer, in his famous book, *Abstraction and Empathy*, tried with the psychological knowledge in his possession to understand abstract art as

he saw it in the Mayan and Aztec civilizations. He believed that abstraction as a part of the creative artistic process appears as a symptom of empathy or, as he puts it, self-alienation. Now, self-alienation has here a different meaning from what we understand by it. As a matter of fact, it means the opposite. What Worringer wanted to say was that primitives like the Aztecs were living their lives without an impeding ego.

We would say that the Aztecs, since they had no ego in our sense, were influenced by magic and so able to lose themselves in empathy or identification with the environment. Object and subject are here not divided in dualistic experiences, a state that is seen also in the mentality of children. Abstraction is here a move toward universality or an attempt toward identity with the infinite or, if you want to express it religiously, a move toward God. In many lectures and articles, I have pointed to the fact that modern art as a psychological state or situation has similar origins.

The search for the self in modern art is a part of the artistic drives of all times in human history, and the form of art—decorative, expressionist, abstract—must also be understood as a compromise of the artistic drive with the cultural impact and all its demands, conventions, taboos, aims, wishes, and so on. In this sense the early Christian art—the madonas and crucifixions, the saints with their languid look—can be understood as a compromise between aesthetic instincts and the desires of society. Considering this, the products of art of this period were representational, static in a certain sense, more objective than subjective, more depending on established values than on subjective or individual expression.

The high degree of infiniteness released at a time when the individual had little resentment against society

made the madonnas less materialistic and more divine. It created the oblong figures of El Greco and the spiritual atmosphere we find in pre-Renaissance art. What is expressed here is, as Malraux puts it, the voice of silence which is louder than the voice of strife. The Renaissance changed all this. Out of the silence arose the symbolism of a dissent between man and his environment as we see it to the extreme in our time. The Renaissance artist was still in unity with his time and, in spite of all individualistic expansion, there was no basic disagreement about the truth, the nature of God, the order of society.

The cleavage between man and his world in our time, his efforts to find a new wholeness, his fight to get out of abandonment, is at the basis of modern art and its specific styles. Abstraction is a product of challenge. It is battle for self-identification, for an identification between subject and object, for the rediscovery of a state of naïve creativity, such as we see among primitives and children.

To repeat our statement partially, one could say that man at all times has attempted to confirm his identity, or if we talk about him and his environment, or about subject and object, he has always tried to find a state of integration in which the primary instincts find their outlet without antagonism against society and its requests. In times of conflict and turmoil, man develops hostility and resentment such as we see today, where, for instance the parent-child rift is only one illustration of a general discord. If we could conclude here and say that modern art is an expression of this conflict between the instinctual drive and the impediments of culture, we could probably be satisfied with the explanation that abstract art is the expression of a search for the self, a search for the whole, a search for

a state of mind where subject and object, man and environment become the same. But fortunately or unfortunately, modern art shows a much deeper conflict than the one described. It shows that what we see is not only the reaction to a rift between man and his environment. It shows an additional aspect, which is a conflict beyond psychology.

If one studies the art of today, one can find in its products (representational, abstract), in its different media, in its attempts to shed conventional forms, the canvas, the frame, in its hostility toward the well-determined, the logocratic method of the Victorian period and the periods prior to it, not only a negative expression of hostility against the threatening destruction of the individual by mass existence, mechanization, and depersonalizing tendencies, but also a positive drive. To understand this, one has to understand the two levels of modern man for the survival of the self.

One is the battlefield where man takes up the challenge against his uniqueness. Here he fights, as I have said, against evidence. He acts against the objective evidence, the measurable part of life, the preference of matter, the past against the future. Man is here like the knight going out to kill the dragon. He is the eternal fighter against his personal destruction. But then, if his self goes on developing, he senses the futility of aggressiveness. He sees that the dragon is a part of himself to be accepted rather than to be killed. He sees that the story of the hero is not very much more than a Horatio Alger legend, from messenger boy to bank-president. He sees to his own astonishment that all his fighting and acting may have only served the purpose of his enemies. He understands that the problem starts just where he thought it ended, namely, beyond victory, beyond

success, and beyond a form of thinking which, instead of understanding the deeper meaning of existence, brings him back to a status without insight.

It becomes clear to him that man in search of himself transcends his status in the sense that right and wrong, good and evil, beginning and end, become two aspects of one way of life. This way of life is really not a way, not a road, but a Tao, a spiritual path leading upward to levels of being where strife is replaced by quiet acceptance, resentment by tolerance and sympathy, activity by readiness to receive spiritual messages. He understands then the concept of growth, which is really the idea of rebirth, of being reborn by deeper insight, and consequently he understands also the differences between rebirth and repetition, the latter relating to all mechanized, depersonalized, and collective processes.

In trying to relate modern art to the problem of the self I would say one finds two major currents: the expressionist and the constructive, both being the underlying drives accompanying the different art movements. The phrases expressionist and constructivist relate to psychological states rather than aesthetic motives. The Cubist movement or the Style movement in Holland are typical constructive movements based on Mondrian's mathematical symbols, while the Dada movement encompassed both categories.

Abstract art relates to the two states, one where man just expresses his feelings, his fears, and his hopes; the other where he reaches out for the new, the constructive, the reality. The battle between the representational and the abstract loses its significance because what is going on psychologically is the battle for the self under new circumstances occasioned by new stimuli, motivated by new ideas. All stimuli and all ideas as they accompany the battle of expression and construction may lead to different art forms, and the diversity of art in our time is characteristic of the fighting attitude of the artist. While in conventional environmental conditions the demonstrative and fighting aspects of aesthetic expression are absorbed by current values, in our time, where each individual bound to express himself aesthetically stands alone, it is necessary to say what one wants. The public, used to getting the accomplished products, is baffled to see artists fight for existence and angry, as if in a theater he were shown not only the accomplished play but also the dressing rooms, the backstage machinery, and the rehearsals.

Modern art, as an expression of the struggle for being, is necessarily incomplete, factually and theoretically, and the public does not like it because it is drawn into the artist's fight as a companion, as a participant in a situation or process. This process, with its different simultaneous happenings, is complex. When Seurat developed his theories about color he thought that if he put the complementary colors on the canvas the onlooker would put them together in his eyes. So he presupposed a creative participation of the onlooker. The public, in other words, was invited to join the struggle of the artist for self-preservation, for personality development, something that the artist unconsciously thinks he has in common with anybody.

Here, it seems, is one of the decisive verities of modern art: the invitation of modern art to participate in the struggle for the self. Although this invitation is extended in aesthetic language it is clear, and as the artists belong to one of the categories mentioned (the expressionist or the constructive or to both), the onlookers reveal their status and their understanding for personality

development either in their hostility or in their wish to participate. Of course, what makes the outcome difficult is the need for interpretation, which seems to be a major stumbling block. The opposition to modern art criticism is not without justification because of the sometimes un-understandable mumbo-jumbo the critics produce.

Modern art is a battlefield where the struggle for personality development in our time is clearly to be seen, although it is expressed in an aesthetic language which in most cases needs interpretation. It, therefore, sometimes seems similar to the esoteric rituals of primitive religions, and this esoteric attitude makes it doubly difficult for the average onlooker to realize what modern art is able to give him in his own position, in his own struggle for survival in our present world, where all concepts are in flux, all values are doubted, and all normal expectations are thwarted. The difficulty for the average onlooker consists in his inability to transcend ordinary reality, or rather to evaluate ordinary reality in its meaning for the struggle of the self for survival.

Abstract art is only one aspect of the search for personality expressed aesthetically. It has, as I have said, a two-fold psychological meaning. It expresses the going away from conventional reality and from hostility and fear. It is negative in many respects, but also positive because it reaches for the new reality. The new reality is undefinable as it is always a beginning, a product of nothingness, something that is never completed. But it also points toward the absolute, toward completion, toward accomplishment, especially also toward liberation. If abstract art has found itself after shedding the psychological states accompanying resistance toward the everyday reality, it enters the realm of pure creativity, it

becomes a true expression of the creative personality which is diametrically different from the conventional personality by its spontaneity, its creative imagination, its primitive strength, and its creative naïvite. Modern sculpture which operates in a closed space expresses more than modern painting the freedom of the newly gained personality. It not only transcends the conventional space and form, but also the conventional material by seeking out new media. In its discovery of the fact that creativity is a constant transformation of nothing into something, modern sculptors nowadays work not only with stone, but much more with material that can be easily bent—wood, iron, metals of all kinds, plastics, and also with transparent materials such as glass, and fabrics of translucent varieties.

The ironical and depressive component belonging to an earlier phase of the creative process is seen today in what has been called junk culture. These neo-dadaistic moves are motivated no less by hostility and aggression against the conventional than by the wish to reach out for the new. Schwitters was the first to use pieces of paper and wood and old clothes for his collages, thus expressing his feeling that art is a part of life, occurring not in a special atmosphere of education or intellectuality, but among people as we see them—grocers, letter carriers, policemen—in life as it is lived.

The search for "la réalité nouvelle," much as it is affected by the desperate situation of the world under the constantly growing threat of a nuclear war and the more and more precarious position of the individual, has a very cheerful and an almost humorous component. It has Nietzsche's eternal laugh. It senses the indestructability not only of the world, but also of the creative spirit. It is, therefore, a hymn to the

spirit. Saying this, I am well aware of the seemingly paradoxical content of such a statement.

The person, not used to thinking in psychological and aesthetic terms is, of course, violently opposed to what he feels most sadly is the loss of comfort he abstracted from the beauty of Greek statues, the quiet of the soul he found in the promises of the religious pictures of the Renaissance painters. What he is after and what he obviously does not get anymore in modern art is the lifting-out process, an elevation out of his ordinary world into the world of ideals.

The average visitor at exhibitions of sculpture in new mediums complains mostly that these artists are bare of ideals as they renounce their roles as geniusses and become companions in the struggle for the self, which is fought unconsciously by everybody in our time. Although this invitation to join the struggle does not give any promises, it is sometimes not too far away from the old idealistic entreaties that conventional painters made in their pictures. Although the struggle for personality promises no new ideals, it can give us new hope through its clarification of our problems, as it indicates the only way a person of our times can take. This is the way to understand the creative potentiality in everybody and the need for its development in everybody.

Modern art in all its manifestations is motivated by the confirmation of the self in difficult times where the issue of personal freedom is greatly misunderstood. Modern art is the art of the abandonment of loneliness of the individual in our time faced with the problem of acting and choosing. It is the art of ambiguity, where the tensions between the finite and the infinite, the person and the masses, the creative spirit and mechanization, personality and depersonalization, show the basic discord

of life, but also the possibility of unification. What we call the totality of the self, the accomplished integration of the personality in all its different stages of courage and despair, is shown in modern art if one is able to read it.

There is, for instance, the problem of motility as it is seen in the sculptural work of Calder, Marcel Duchamp, Tinguely, and others—movement as a philosophical and psychological problem translated into the language of art. Calder's mobiles and stabiles, Marcel Duchamp's rotating "ready mades," Tinguely's moving forms are motivated by a score of different psychological re-actions. Here is a field of aesthetic activity that lies between philosophy and aesthetics. It demonstrates the special importance of movement, the dynamics as a personal experience between opposites, and the need for integration, but we find also the expressive motives of ridicule and criticism of modern technology and an age of depersonalization.

Calder's machines are machines for nothing. They rattle away without producing anything. And Tinguely's machines destroy themselves. Duchamp's "ready mades" point toward the neurotic acceptance of the completed machine product as a substitute for personal experience and creative urges. They arouse our concern about neurotic trends which are fastened to a perfectionist idea of success based on compulsive use of cause and effect, anticipating the end while leaving out the beginning, where the real work starts in an atmosphere of nothingness.

The problems of self-alienation and self-confirmation are dealt with in modern art in many ways. Their treatment, in aesthetic language, corresponds to the going back and forth between oneself and the world, between the outside and the inside, between ordinary neces-

sities and the need for growth and personality. Abstract expressionists like Pollock throw color on the canvas lying on the floor; they taunt their own feeling as it arises out of the tension between the need for being oneself and the trend toward depersonalization.

The machines built by Pera, Hiquelis and Tinguely, which are able to paint, do not indicate the death of art, but the tension between the individual person, isolated by mass technology and his need for expression as he feels it in his own right. The painting machines accomplish in the aesthetic field what IBM machines do in ordinary life. They test man's self by probing into the origin and the limits of his creative abilities. Consequently they help to eradicate the last remnants of a belief in conventional means, tools, and media.

They strip the artist—and the onlooker —naked by showing him where self-confirmation has to start and where it has to end.

It will become clear that art, and especially modern art, does not work in the fashion of a computer. It does not have the character of a feedback. Just the opposite. What you put into it you will never get back, because never in any human activity is the true character of the creative better revealed than in the artistic situation, where chance is felt as a limiting and promoting force at the same time.

To summarize, I would say that for anybody who can read it, modern art more than any other human activity reveals the existential situation of man, his ontic being and ontological effort to find direction for civilized survival.

DISCUSSION

HELEN W. BOIGON, M.D., New York: [*] When I read Dr. Hulbeck's paper for the first time, I was filled with the kind of pleasure and excitement a small child often feels upon entering a toy shop, that kind of bursting glee at meeting, as the poet Marlowe puts it, "infinite treasure in a little room." To me, Dr. Hulbeck's paper is obviously the distillate of many years of association with an inner struggle in the fields of art, psychology, and philosophy. These fields at their boundaries are, of course, no longer discrete, but merge imperceptibly, one with the others. Dr. Hulbeck, having walked the pilgrim's way for so long, knows the pilgrim's path well enough to be able to express the simple truths so succinctly and present them in so nice an order that unless one has some familiarity of his own with the journey, he

could easily dismiss the fine condensation as naïvely plain and unprofound, or so complex and abstruse that the clinician would be wasting his time in study of it.

I asked to discuss Dr. Hulbeck's paper without having the vaguest idea of its contents because of my own ever-increasing conviction that work in medical psychology demands interest in human nature, and that human nature is most adequately expressed in the arts and in philosophy, which subsumes religion. I had always wanted, along with Freud and many others, to have it that one day we would be explicable to ourselves in terms of physics and chemistry. Life, the great analyst, has shown that no matter what we discover about the workings of desozyribonucleic acid and other chemicals that compose us, the fundamental aspects of the human soul will be, as always, visible by direct encounter and inapprehensible by explanation. I was taught, in becoming a student and teacher of psychoanalytic theory, that theory, the scientific frame of reference, although highly

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necessary, is only a tool, no more or less successful than the heart and soul of its user. To use theory appropriately, the clinician must bring to it afresh each day what he has wrought in meaning out of experience in living. It is comparable to what the critic, Mercedes Molleda, wrote in her review of *The New American Painting,* when that exhibition was held in Barcelona. She said, "The present painting is a mystery to many who wish to understand its significance without entering into its state, thereby committing an error as profound as he who wishes to attain the Moradas of Teresa de Avila by means of intelligence and not by means of Grace."[1] Translated into our own field, the statement would go something like this: The patient is a mystery to many of us who wish to understand him while keeping aloof from the passionate outpourings of the nature in which he partakes, its good and its evil, its beauty and its ugliness, its rationality and its blindness, all inextricably commingled in oneself and the other, in art and in philosophy. We find the patient where he is, which is where we are by the Grace of direct encounter. We lose him in preferring rules, theories, and explanations to the passion and the poetry of wholehearted listening and responding.

Dr. Hulbeck states to begin with that art is a fundamental aspect of human nature and that irrespective of time and place it is a process which is characterized by "the simultaneity of complex motivations." This is a statement born of observation and of the nature of premise—that is, it is assumed by perception to be true, and it stands beyond proof. You see it this way, or you do not. Many do not. I find the observation completely congenial with what my experience in the world has brought me. I also agree with Dr. Hulbeck when he states that art can be neither progressive nor reactionary, that it operates under specific historical and cultural pressures. To me, it would make as much sense to label the reflex of withdrawing one's hand from the hot stove either reactionary or progressive. It is the built-in-by-nature response to the given situation, like ingesting something edible when stomachic contractions

begin. The production of works of art in graphics, sculpture, music, drama, poetry, etc. are the uniquely built-in responses of the human being to the life which is ongoing, in and around him.

As I see it, Dr. Hulbeck comes to the heart of the matter in his statement that, "Modern Art shows . . . not only the reaction to a rift between man and his environment, it shows a new additional aspect which is a conflict beyond psychology." As I understand what he is pointing to, it is a conflict which I would not call "beyond psychology," but which, I feel, is the prime psychological fact of the human consciousness, a conflict evident since the very first recorded introspections of man upon his own nature, called to the fore in our unique times by the unprecedented conditions which now obtain.

What Dr. Hulbeck points to as "the conflict beyond psychology" I see as the eternal struggle of the individual self against its own limitations and boundaries. As Father William F. Lynch, S.J., points out in his paper, "The Problem of Freedom," the pre-eminent goal of all men at all times and everywhere is to be free, to experience the process of living without a sense of the harassment of bonds and without necessity. This freedom is, to us all, the pearl beyond price, because it is deeply conceived, not merely as an escape from the moment to moment displeasures of limitation, but because it is inextricably connected to the desire to be filled up. This freedom means to the soul the plenitude in communion with fellow men, the finite, and God, the Infinite. Whether we fancy ourselves atheists or not, we know deeply that with the gift of human consciousness goes the desire to feel related to more than, and other than, this material sphere on which we find ourselves. Now simply to want increasing growth and expanding, increasing fulfillment, increasing love and communication between our insular selves and others does not constitute a problem. As Horney pointed to in elaborating her theory and her work on alienation, as Father Lynch has put forth as a Catholic philosopher and theologian, as the Zen patriarchs indicated ten centuries and more ago, the problem arises in entertain-

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ing a mistaken notion we are all prone to —the notion that freedom lies outside the self and must somehow be won in centrifugal movement beyond the actuality of one's own individual being. Just as men by being human have an aesthetic impulse, so they also have the impulse to the ethical and to the intellectual. It is part of their process to establish aesthetic, ethical, and intellectual ideals. It seems just as much a part of the process that out of the unfortunate experiences of childhood and the unhappiness they bring, the human being comes to demand and to crave a complete, ongoing bliss which he associates with the ideals he envisions. If only he could become the perfection he imagines, all-beauty, all-goodness, all-knowledge, then happiness would be his forever. His own self, body and soul, being imperfect and in process, he comes to hate, to despise, and to distrust by comparison to the godhead of his imagination, and so compelling are these sentiments that he must also feel in his depths that others share his antipathy. It is obvious to the slightest intelligence that we cannot get outside our own skins and run, but we have at our command an infinitude of ways of denying that we are what we are, that what is around us is what it is, and that, as Heraclitus observed long ago, all is flux.

Now, men of wisdom of all times and places have been in unison with the observations that all things born must die; that there is no good without evil; that our human concepts of justice are inadequate to the great design of things; that time and chance happeneth to one and all, so that there is no ultimate guarantee of anything, completion obtains only in the most temporal of matters; that the capacity to feel joy means the capacity to feel pain, in which life abounds, and that happiness cannot be won by seeking, but comes only in the wholehearted involving with here-and-now. The inner commitment to these evidentiary facts is the Tao, the acceptance of the laws of the self, imperfect phenomenon that it is, and the resolution of the dilemmas of dualistic thinking and feeling into a flowing with process.

All Art calls for the participation of the onlooker, because observing is participating. The anger and dismay at much of modern art is quite akin to the frustration of the Zen koan. What Dr. Hulbeck calls the "constructive current," the reaching out for the new reality, is a statement of the flow of what emerges as subject and object are no longer a duality, but aspects of a process. To put it metaphorically, the intellect is staggered by a swift kick in the teeth! On a conscious level the onlooker screams in fury or whispers in dismay that he does not understand it, and it is ugly anyway. What causes this reverberation is that one is called to witness his own deepest struggle, spelled out in inescapable terms. One is profoundly reminded that perfection and duality are mirages of the intellect. Liberation comes only in truth, in the acceptance of self, in the acknowledgment, as Dr. Harold Kelman has put it: "I am being and becoming process." This is the creative act of which modern art reminds us. It involves, as Dr. Hulbeck has said, the constant transformation of nothing into something. Another way of putting this, which ultimately defies words, is that no thing in and of itself has meaning and value. We create in the act of making nothing into something by the giving of ourselves, in meaning and in value, to whatever is in the moment at hand. This is the abandoning of loneliness and of boredom, the moving from terror into joy.

We are in a time now when mechanisms of travel and of communication bring us into the presence of one another with staggering swiftness—only to find that communing and communicating are no easier than they were in the dim reaches of the past. We are in a time now when, to repeat Dr. Hulbeck, "all values have been doubted, all normal expectations thwarted, all concepts thrown in flux." The art of the past acted so that in the creative act of bringing meaning to it, the onlooker received back both a promise and a reassurance. With what we bring to modern art, as Dr. Hulbeck has defined it, there is no getting back; there is only going on.

I want to close with a quotation from the artist and student of philosophy, Robert Motherwell, which I know is very perti-

nent here. He said, "I believe that painters' judgments of painting are first ethical, then aesthetic, the aesthetic judgments flowing from an ethical context. Soren Kierkegaard, who did not value painting, was nevertheless very much aware of this distinction in his general analysis of existence. In quite another context he wrote, 'If anything in the world can teach a man to venture, it is the ethical, which teaches to venture everything for nothing, to risk everything, and also therefore to renounce the flattery of the world-historical . . . the ethical is the absolute, and in all eternity the highest value.' One has to have an intimate acquaintance with the language of contemporary painting to be able to see the real beauties of it; to see the ethical background is even more difficult. It is a question of consciousness. Without ethical consciousness, a painter is only a decorator.

Without ethical consciousness, the audience is only sensual, one of aesthetes."[2]

To be able to "venture everything for nothing, to risk everything, to renounce the flattery of the world-historical" is to be able to feel chance as limiting and promoting at the same time. This is the self-confirming in modern art, the creativity, the flow with process, in which emptiness becomes filling and in which freedom and identity are discovered.

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THE ALIENATED PERSON IN LITERATURE

BELLA S. VAN BARK

ALIENATION FROM self refers to the largely unconscious subjective experience of being remote from self.[1] Since no person is the completely integrated man, alienation to some degree is the common lot. To put it differently: to some degree we all become —and at times need to be—deaf, dumb, and blind to ourselves to go on living. What concerns us here is the condition of exaggerated alienation generated by many sources, both within and without the individual. Alienation from self and from others accounts for much of the disaster which can affect a person, influence his pattern of living, and disturb his personality growth.

The surface phenomena pointing to alienation are often subtle, sometimes gross; an acute observer can readily catch them. The deeper phenomena have long been the concern of both writers and psychoanalysts. In this contribution I shall try to illustrate how the intuitive perceptiveness of the creative writer has grasped these profound psychological processes and shaped them into forms and substances which can have a profound impact on the reader. What the psychoanalyst arrives at after many months and even years of work is often presented to him in a compact symbol or image with many levels of meaning and implications.

In titling this paper, "The Alienated Person in Literature," I was not implying the existence of an entity either in psychological or literary terms. What I have in mind is the use of literature to illustrate various aspects of alienation. Also, in the selections I have chosen, I am not presuming to make any judgment on the literary value of the selection, merely on its possibilities for illuminating this subject.

Writers have long known about and puzzled over the nature of unconscious forces, and realized their power to influence the thoughts, feelings, and actions of individuals. The great writers have drawn on this material and created works telling the reader of the importance of taking the journey into the night, into the darker reaches of the soul, to recognize the buried and hidden aspects, to grapple with them as Christian did in *Pilgrim's Progress,* and reintegrate them into the personality. Conrad[2] repeatedly stressed the disasters possible for human beings if they do not achieve this integration so vital to their moral survival.

Alienation is intimately associated with man's compulsion to achieve the impossible. In doing so, he often falls to earth with his wings scorched, or loses his soul to the devil. These themes have been the literary framework of many myths, many stories, and much folklore. In terms of the devil's pact, the man who tries to deny his humanness and sells his soul in return for illusory powers is bound to suffer from a loss of autonomy.

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The writer conveys his perception of these phenomena in varied "moving images of desire," various symbols and myths. When these symbols and myths say something about future possibilities for the characters in the story, and when the fiction is well-nourished by the facts of living experience, the author has made a vital contribution to the problem of alienation. Such writing decreases man's alienation and helps him reestablish his lost communication with himself and with others. This message was poignantly conveyed in *The Miracle Worker* by William Gibson.[3] He keenly perceives the intensity of the struggle which ensues in the process of trying to help an individual who has become, as it were, deaf, dumb, and blind to his nature, to reestablish communication with his world of personal meaning. Gibson dramatizes this theme in telling the real-life story of Annie Sullivan and Helen Keller.

I have selected two illustrations from Nineteenth Century literature for several reasons. Both authors are considered initiators of the trend toward subjectivity and introspection in literature; both were persistently striving to fuse the conflicting elements they saw in life and in themselves into artistic creations. They dealt with the divided man, often at odds with himself and his pattern of living. Neither one was particularly concerned with an indictment of society, nor limited to making a protest or a statement.

The first selection is a prose poem, "The Stranger," by Charles Baudelaire,[4] a French poet, from a collection entitled *Flowers of Evil*, published in 1850.

Whom do you love best, enigmatical man, tell me? Your father, your mother, your sister, or your brother?
I have neither father, nor mother, nor sister, nor brother.
Your country?

I do not know in what latitude it is situated.
Beauty?
Willingly had I loved Beauty, Goddess and Immortal.
Gold?
I hate it as you hate God.
What, then, do you love, extraordinary stranger?
I love the clouds that pass eternally, the marvellous clouds.

The poem begins with the narrator, who is nameless, questioning a nameless man whose nature puzzles him. The stranger is a mystery he is desirous of penetrating. What does he discover? This stranger has severed ties with family, friends, and aesthetic values. By implication, these ties were once significant for him. Now he wants to forget these bonds and has succeeded in attaining the ultimate in non-attachment to the human and the esthetic. He first shows reactive feelings when money and religion become the object of inquiry. The individual who has to perform such an extensive divorce from so many aspects must have had many painful experiences and have felt caught in an insoluble dilemma as regards his feeling, sensual, and wishing impulses. He has arrived at an almost complete emotional detachment and estrangement from his past and his present human self. He has come to believe in what he originally was driven toward —cultivated indifference and avoidance of any emotional stirrings.

What is left for this man to relish or enjoy in life? He tells the questioner that he loves the marvellous clouds that pass eternally. He is free to contemplate a cosmic wonder which requires nothing from him; there is no possible danger connected with watching the clouds passing through the sky, moving and getting nowhere, changing yet unchangeable, distant and unattainable.

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They will not touch him, nor is there any possibility of his being disappointed, rejected, or hurt by them. They can impose nothing on him. Clouds are unique natural phenomena. When the stranger is addressed as "extraordinary," I read it as referring to his feeling unique and superior to other human beings, as well as to his identification with all the compulsive needs which have been unified into the complex symbol of "clouds." He also, in his own mind, is a unique natural phenomenon, having all the attributes of the cloud. And these attributes are entirely different from the attributes of a human being, but express very well many aspects of alienation to which glory drives make a large contribution.

Clouds are pure form. They wander in infinite freedom in the limitless domain of the sky, doing nothing, needing nothing, wanting nothing; neither loving nor hating, neither fearing nor hoping; neither submitting nor rebelling; neither ambitious nor lazy; neither dominating nor being dominated. They are self-contained and unattached. Clouds are ethereal, nebulous, cold, impersonal, and benignly indifferent. They neither hurry nor lag; they are unaffected by either time, space, or the finitude of man's life-span. Both the stranger and the clouds "wander lonely." They are pure spirit; and although transparent, they can obscure the blue of the sky and the warmth of the sun. Clouds have no past, no present, and no future.

On another level, from the perspective of alienation, the cloud symbol has different implications. The whole process of alienation is an obscuring, beclouding process which often culminates in a feeling of insubstantiality, non-being, and weightlessness. Clouds shed no light, but reflect light and uncreativity. The person suffering from alienation is often unconsciously driven to sustain himself in a state of dimness as regards both inner and outer experiences. Clouds neither give nor take from each other. The intense need of this lonely soul to perpetuate his solitude, inertia, and detachment, to transcend his strong, unconscious fears of feelings and desires, to avoid psychic suffering can be achieved by going off in the clouds—either living in and on a cloud. If we look at the clouds we can be readily struck by the gap between earth and sky. Does he feel like a gap? And what is there between heaven and earth? The person who lives in the cosmic identity need not bother about communication with the earthy, about responsibilities, need make no decision nor be faced with the question of choice or committment. And when a person gets that far away from personal truth he has practically disappeared as a human being. He has become dispersed and is no longer a living, breathing object of flesh and blood. Clouds are anonymous things and therefore the ultimate of freedom. Only a very sensitive poet who is also a very troubled and suffering human being could compress this much of his personality and compulsive needs into one symbol.

In another one of his poems, Baudelaire is scolded for neglecting his soup while watching "that ever-changing architecture God fashions out of vapors, those marvellous structures built of the impalpable . . . those dissolving lovely shapes." Then he is rudely awakened by a shrill voice saying: "Are you ever going to take your soup, you damned silly old cloud-merchant?"

And what of the inner climate of this cloud and cloudy man? How silent, empty, dead, and stagnant the atmosphere of this poem! Perhaps Baudelaire is implying his self-appraisal of his poetic gift—if so, he surely expresses the

fact of not attaching any weight to his artistic creations.

Sartre's[5] study of Baudelaire will add to your appreciation of this poem. It is a superb picture of alienation studiously cultivated as a way of life. Sartre quotes from a letter of Baudelaire's:

"What I feel is an immense discouragement, a sense of unbearable isolation . . . a complete absence of desires, an impossibility of finding any sort of amusement. . . . It seems to me that the depravity of man's sense of the infinite is the source of all his criminal excesses. . . . Morally and physically I have always been haunted by the sensation of the gulf, not merely the gulf of sleep, but the gulf of action, dreams, memories, desires, regrets, remorse, the beautiful."

As Sartre says, "his horror of life . . . led him to choose materialization in the purest form as a symbol of the immaterial, namely pure spirit."

The second selection is from *Notes from the Underground,* published in 1864 by the Russian writer Fyodor Dostoevsky.[6] This journal is regarded as the first major treatment of the theme of the Outsider or the Stranger in modern literature. In this story we are exposed to the inner workings of the mind of the stranger, who exhibits various aspects of self-estrangement. In the introduction we are told that the author of the *Notes* and the notes themselves are imaginary. The hero is nameless, but says the author, "it is clear that such persons as the writer of these notes not only may, but positively must, exist in our society. I have tried to expose to the view of the public more distinctly than is commonly done one of the characters of the recent past. He is one of the representatives of a generation still living."

In the first part of the journal, the writer of the notes introduces the reader to his present pattern of living, and in the second part informs him that he has always lived this way but retreated even more into the underground twenty years ago when he received a pension and retired from his position as a civil servant. How did this man lose himself? What keeps him so tied up in his hole underground, to the point that the hole itself has become his shell? Behind it he sits miserable, paralyzed, and tormented. He neglects himself physically, does not eat or sleep, lives in filth and squalor, and is without friends. This man has accentuated his alienation by living almost entirely in the domain of his mind. In a compulsive way he is attempting to grapple with the problems of his own nature by continual questioning, self-doubt, and self-hatred. He appears to be searching for his identity. But how is he doing it? He meets with a trait in himself—vindictiveness—and immediately nullifies his findings by telling himself that he is really lying. He really is never spiteful, since he is never convinced of his right to be spiteful. He never gains any deep conviction that this compulsion or that reactive feeling is really his. This represents an acute penetration into alienation by the author. The alienated person is so steeped in self-deception that he can no longer separate personal truth from personal fiction.

The writer of the *Notes* tells us much that is intimate about himself and yet he writes as if he were reporting on the agonies of another person. In this way, all he says has little meaning for him, astute as his observations are, even when he makes the connection between his compulsive thinking and reasoning, and his general inertia. His great pride in his ability to think makes him a being superior to the general run of people, who are stupid. He cannot see that his use of his intelligence to avoid emo-

tional conflict carries him into the disastrous state where he can take no action to better himself. Then he proceeds to glorify his reactive inertia and indecisiveness into traits characteristic of a morally superior man of the Nineteenth Century. He regards the so-called man of character, the active man who subscribes to official or conventional morality, who is successful, complacent and in the world, as a pre-eminently limited creature. But the real man ought to be characterless—which can be read to imply that the man who does not subscribe to the false values of his society is superior. Yet his capacity for searing honesty tells him that he is fooling himself when he says that an intelligent man cannot become anything seriously and only a fool succeeds.

The underground man wallows in a state of "acute consciousness" which has many meanings for him. He is intellectually overaware of his numerous shortcomings and inconsistencies, his failures, his weaknesses, his dividedness, his waste of his life. He stands off in admiration and observes the ratiocinations of his mind which actually confuse and blur the real issues for him. He glorifies his compulsive indulgence in reasoning and logical argument with himself, over his hurt feelings. His hurt pride crucifies him with continuous diatribes in which reason, logic, and honesty (actually self-directed sadism) act as judges, jury, prosecutors, and defense attorney. Always the verdict is the same: guilty of self-deception and of being weak, spineless, mousy, and lower than an insect. In clinical practice, we rarely meet with such an intensity of self-disparagement. We see enough of it, however, to appreciate the author's profound psychological insight into the many ways in which the mind can be used to perpetuate alienation and reduce inner tensions. Dostoevsky has grasped the connection between alienation and the devitalization of human energies when they are used largely in the service of pride and the magical dismissal of inner conflicts.

He seems to be troubled by spiteful feelings, but only in his imagination can he be spiteful. In reality he is uncommunicative, silent, sullen, and bitter. He puts on the appearance of nonchalance and disinterest, although he knows that even though he might foam at the mouth "if they but brought him a doll to play with or gave him a cup of tea with sugar in it," he might be appeased, in fact genuinely touched, although he would probably grind his teeth at himself afterwards and lie awake at night with shame for months at this memory. Lying awake, thinking and ruminating about his disgraceful actions, is necessary to avoid feeling the deep emptiness, symbolized by the hole. His excruciating alienation is continuously intensified by venomous self-hatred.

This man was also aware that he received messages as though from someone else's mind, with many elements which contradicted his petty spitefulness. He knew that these opposite elements had been swarming in him all his life and craving some outlet, "but I would not let them, purposely would not let them come out. Not only could I not become spiteful, I did not know how to become anything; neither spiteful nor kind, neither a rascal nor an honest man, neither a hero nor an insect." His desperation arises from being trapped in severe conflict between the compulsion to be agreeable and the fear of being agreeable. He also is caught in a conflict between the needs to be a hero, for which he has contempt, and the needs to minimize himself. This truly leaves him with no way out and he has not arrived at a point where he

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can really tackle any of the compulsive drives. These are some of the psychological forces which keep him immobilized in the underground and continually engaged in passing intellectual judgments on himself, which puts him in a state of utter confusion and inertia.

The hero realizes that there are different qualities of consciousness: On the one hand, the consciousness of the direct men of action—by which I feel he is referring to having the capacity to direct one's life from the creative core of self. These men, the so-called direct persons, the men of action, can live by their consciousness. And here, I feel, he is also implying compulsive conformity to conventional moral codes for behavior without inner rebelliousness.

In brief, Dostoevsky seems to imply, and even say directly, that "acute consciousness"—at least his kind of consciousness—is a disease. Consciousness in this context seems to refer to his compulsive drive to reach the heights of goodness, truth, beauty, and decency, as well as his glorification of "knowing about" better values. And yet, at the very moment when he imagines he is most capable of "feeling every refinement of all that is good and beautiful, he would do and feel ugly things." He is a person who reacts as his pride dictates; therefore he cannot truly decide what action he wants to take. Pride and desire are often at war in him and pride is in the driver's seat. He dreams of achieving the ultimate in a good and beautiful life and immediately reacts with self-hatred for desiring such a life. And in none of this does he feel he plays any part or has any responsibility.

At this point, he is in such chaos and suffers from so much self-degradation that his only solution is to use alienation as a way of keeping himself integrated. In this way, he can to some degree quiet the battle that is raging between the core of him, which is still alive, and the illusory "conscious" self.

It is not surprising that with this degree of self-annhilation this man thinks of himself as a mouse and not as a man. Even there he has to glorify the mousy side and attach an extraordinarily sensitive conscience to the mouse. In this way, the mouse becomes the symbol of many meanings, particularly his need to minimize and negate his own aggressiveness, as well as his own tender impulses, both of which he hates. Dostoevsky's perception of the functions of alienation and the ways of perpetuating it overwhelms me. In addition, he appreciates the constructiveness in his character, and reminds us that his wish to be free to choose his own moral values is an expression of health.

The hero still has a spark of life within him and still thirsts to be liberated from his prison and to return to life. "You thirst for life and try to settle the problems of life by a logical tangle. You who are impudent and in a constant state of alarm, you who declare that you are afraid of nothing and at the same time try to ingratiate yourself. You may, perhaps, have really suffered, but you have no respect for your own suffering. You may have sincerity but you have no modesty. You mean to say something but you hide your last word because you have not the resolution to utter it. You boast of consciousness but you are not sure of your ground, for though your mind works, yet your heart is darkened and corrupt . . . you cannot have a full, genuine consciousness without a pure heart."

Then the writer moves further away from all his conscious, intellectual insights and insists that all that he has said is a lie which his protagonist has invented. These are not his thoughts and beliefs, his self-appraisal, his search for self, for values, for beliefs, for mean-

ing, for direction, for the freedom to act. No. He has decided to do nothing. Better conscious inertia—a common way of hiding indecisiveness and evading facing the emotional conflicts. "I envy the normal man, but I should not care to be in his place, such as he is now." Then he further obscures himself by insisting that all he has said is merely empty form to assuage his boredom. He wants to be read and he does not, for he is fearful of what he has revealed.

Eventually, the author, as the answering healthy conscience, convinces him that too much living in the mind and excessive use of reason to resolve moral dilemmas, as well as irrational guilt, merely results in logical tangles, more self-deception, and emotional crippling with divorce from reality. The novel ends on a note of warning against self-deception, a note of danger in too much reliance on being told what to do, what to join, what to be loyal to, what to love, what to respect, and what to despise. I hear him urging his readers to come awake and develop some personal basis for decision, choice and direction to their lives. Or else: "Leave us alone without our books and we shall be lost and in confusion at once." How extremely pertinent for current human dilemmas and how psychologically accurate Dostoevsky's understanding of alienation! Dostoevsky believed that it is characteristic of human nature to be free and under the sting of suffering to choose between good and evil. Another Russian writer, Tolstoy, says of human nature that it contains a need for truth which will never allow it to rest permanently in falsehood or unreality.

I have spent so much time on Dostoevsky because I feel such a study of alienation, with the wealth of insight into the deeply complicated psychological processes contributing to and per-

petuating and exaggerating it through increased hatred and venomous frightening of the creative self, is rarely explicated in a literary production. Most of the writing of contemporary American fiction deals repeatedly with the surface phenomena of the many ways in which modern man attempts to transcend the loneliness, emptiness, and drabness of his pattern of living. With a few notable exceptions, the realm of inner chaos does not find its expression in current fiction.

I shall now focus mainly on some expressions of alienation conveyed in contemporary fiction. I shall begin with *Mrs. Bridge,* by Evan S. Connell, Jr.,[7] published in 1958. This is the story of an ordinary, frequently encountered suburban American matron, who in her own way is as much a form of stranger in the clouds as the cloudman.

Mrs. Bridge has a successful husband, three children, a lovely home and social position. Her pattern of living is in perfect accord with the most acceptable standards of her culture. If you met her, you would not immediately sense that she was empty and hollow and extremely alienated.

In a quiet and subdued way, the author symbolizes the fragmentation and constriction in this woman. Her name is Mrs. India Bridge. The author says at the beginning, "Her first name was India—she was never able to get used to it. It seemed to her that her parents must have been thinking of someone else when they named her. Or were they hoping for another sort of daughter? As a child, she was often on the point of inquiring, but time passed and she never did." This introduces a life-long attitude of compulsive retreat and avoidance of potentially disagreeable situations.

This theme is further exemplified in a quotation in a book which India

picked up years before she found herself trapped in her garage. At that time she was profoundly moved by reading in Conrad the observation that "some people go skimming over the years of existence to sink gently into a placid grave, ignorant of life to the last, without ever having been made to see all that it may contain": and this passage was read several times by India and made her think deeply. Then she placed the book on the shelf to answer someone's call for her. Now "she wondered what had interfered, where she had gone and why she never returned."

Connell ends the book with Mrs. Bridge trapped in her own garage because she had never learned to park the big car which she did not want in the first place, although her husband insisted that she have it as a birthday present. Finally she became very attached to it, although it was inconvenient and never really suited her, which was how she felt about her name. In the car, she found that the horn made no sound when pressed. "Half inside and half outside she remained . . . not knowing what to do. Once she looked at herself in the mirror. Finally she took the keys from the ignition and began tapping on the window and called to anyone who might be listening, 'Hello? Hello out there?'"

But no one answered.

Through the tempo of the story and in the framework of conversations with various members of the Bridge family, as well as some direct reporting of India's conscious thinking, Connell draws a picture in great detail of a common pattern of perfunctory living, in a manner highly approved by our current society.

Actually, Mrs. Bridge had never been anywhere or done anything or seen anything. She did not know how other people live or think, even how they believe. When her friend questioned her as to whether they believed in the right thing, she felt uneasy and mildly surprised. It had never occurred to her to question her pattern of living.

This pattern was one in which spontaneity and aspiration were gradually replaced by rigid emotional control and an automaton-like existence. The outstanding features apparent to her family were her impersonality and her lack of emotional involvement. This showed up clearly in a painting she made. She selected the myth of Leda and the swan and finished off the painting by putting a blue bathing suit, dressmaker style, on Leda.

The author implies an indictment of this specific pattern of living and clearly indicates the effects of self-negation and avoidance of clash on an individual's capacity to communicate with others. He traces the gradual development of increasing alienation in a person who, unconsciously, perpetuates her alienation by glorifying the very devices that make her more and more insubstantial to herself and unavailable to others, either as a wife, a mother, or a friend. He also sees the gradual deterioration and fading out of a fundamentally decent and intelligent individual, who has deceived herself into believing that peace at any price and conformity to conventional standards is the "right" way to live.

I would particularly like to comment on the value of Connell's observation regarding the speech pattern in which he conveys the ebb and flow of her vitality. She starts but never finishes. It would seem "as if" she sticks her head out tentatively from the underground, makes a delicate attempt to enlist attention, and draws back without ever daring to move forward and enter into conflict either with herself or with others. She is as paralyzed by her un-

questioning approach to herself as the underground man was by his compulsive intellectual questioning. Neither one really took time to listen to his inner voice. Both suffered from discouragement and increasing resignation to alienation.

Connell leaves Mrs. Bridge where Samuel Beckett[8] leaves his tramps. They have all lost the feeling of having a center of direction within themselves and they are all "waiting for Godot." They reflect alienation in their passivity, paralysis, isolation, indecisiveness, and inertia.

I am including one excerpt from *All Fall Down,* by James Herlihy,[9] which speaks for itself in its perceptive grasp of the effects of alienation on the process of communication and the quality of inter-personal contact. I believe that leaving this fragment without comment will be more effective in highlighting this aspect of alienation.

"Out of her presence, if he ever tried to conjure up a picture of Annabel, her fragments always seemed to float in air and never would stand still for him. There seemed to be no part of her or her life that was whole, without gaps. Her conversations had this quality too. Whenever she took hold of a subject it sprang a leak and all the facts dribbled away from her. Or a person: if she reached out to a person, it seemed that the part she got hold of ceased to exist and she was left holding the ghost of an arm, the ghost of a hand or a chin or a cheek, the ghost of someone's heart. These letters that went to Toledo, Ohio were the most solid communications of her life and they went to a crippled lady, half-drugged and in pain, who seldom sent back answers of any length. Annabel was like some unhappy Midas whose touch was liquid; whatever she reached out for dissolved, floated away from her. Clinton's thinking about these matters was of a similar character. The sadness of it would not stand still for him either but floated away. He could not even gather up one strong firm thought to put down in his notebook."

Salinger[10] gives us another example of this "vanishing" phenomenon in *The Catcher in the Rye.* Holden Caulfield, a sixteen-year-old, has been expelled from school and says, "What I was really hanging around for, I was trying to feel some kind of good-by. I mean I've left schools before and places I didn't even know I was leaving them. I hate that. I don't care if it's a sad-good-by or a bad-good-by, but when I leave a place I like to know I'm leaving it. If you don't, you feel even worse. . . . All of a sudden, I thought of something that helped me know I was getting the hell out. I don't even know what I was running for. After I got across the road, I felt like I was sort of disappearing. It was that kind of a crazy afternoon, terrifically cold and no sun out or anything and you felt like you were disappearing every time you crossed a road."

This experience is an expression of alienation and is frequently encountered in clinical practice when the battle for self-expression becomes intensified. As Holden says, later on, "Don't ever tell anybody anything. If you do, you start missing everybody."

And from Graham Greene's[11] *A Burnt-Out Case,* the following excerpt about a formerly well-known architect who has thrown up everything and come to a leprosarium presents the theme of emotional deadness from another angle. This dream occurs after the initial examinations. He had previously been asked, "Is there anything you want?" "Nothing, I want nothing." He nearly added, "That is my trouble."

Then, he, Mr. Querry [the hero] dreams "of a girl whom he had once known and thought he loved. She came to him in tears because she had broken

a vase which she valued, and she became angry with him because he didn't share her suffering. She struck him in the face, but he felt the blow no more than a dab of butter against his cheek. He said: 'I am sorry, I am too far gone. I can't feel at all. I am a leper.' As he explained his sickness to her he woke. The area of leprosy was also the area of priests and nuns. He felt the panic of complete abandonment. He was in an unfamiliar region where he had nothing with which to construct the familiar."

And finally, in the film *Wild Strawberries,* Ingmar Bergman[12] reveals his artistic grasp of the many factors that go into creating and sustaining emotional deadness. The old doctor is being examined about the conduct of his life, in which he retreated into intellectual and scientific pursuits and cut off his emotional relationships with people. He is on trial for his sins against himself and others. His life is reviewed for him and he is finally told, "All is gone. Can't you hear how quiet it is? Everything has been dissected, Professor Borg. A surgical masterpiece! There is no pain, no bleeding, no quivering. And the penalty? Loneliness, of course." Bergman takes the Doctor further on his journey into the past and projects him as finally reconnecting himself with his past, buried emotions coming alive and joining the jubilee parade. The jubilee is a symbol of revival and return to life, a celebration for Doctor Borg in which he returns to the warmth of his family and even to the possibility of new life ahead, symbolized by the pregnancy of his daughter-in-law.

A survey of several critics writing on contemporary fiction indicates that in their own way they are seeing symptoms of alienation which they decry and bemoan. They note that writers seem to lack a causal connection with society and are unable to free themselves from the emotional numbness and coolness which exists around them. They do not show their own feelings and beliefs, and complain that they are obliged to write about empty characters and situations. Cowley[13] asserts that writers lack conviction and "write how they had been taught to feel or were expected to feel" and "as if they were waiting for something or someone to give their work a more definite character." In short, in my view, writers are showing some of the effects of alienation on spontaneity and creativity. In being handicapped within themselves, they are more likely to see a similar picture in the social scene.

Kazin[14] is struck by the fact that many writers insist that "reality is not much more than what *they* say it is." He expresses surprise that even the better novelists create "the same essential atmosphere of paralysis, of the numbness which results when people feel themselves lost in the pursuit of compulsions." The central characters do not seem to be fighting for any clear principles based on who they are, or, at best, the nature of their personal struggles is vague, dim and shadowy. Writers, he goes on to say, try to make language substitute for "moving images of desire." The heroes are usually passive, isolated, soft, and indecisive. They seem to be asking for understanding, while they remain defeated and immersed in a deep sense of futility.

Much of contemporary fiction centers around the ways in which people try to transcend the loneliness and emptiness of their lives. Sex is given a great deal of attention, since this function is frequently used to relieve the inner numbness and emotional paralysis, and to enliven temporarily the pervasive deadness.

In short, critics too have observed the

effect of alienation on the writer and on his creation, as reflected in the devitalization of the style, the themes, the situations developed in the novel. They have also noted the despair and the dimming of the author's vision of constructive possibilities. Contemporary writers generally do not invite the reader to engage in the chaos of the underground; more often, they seem to urge him toward "adjustment." They envision tranquillizing inner conflicts through the dubitable "peace" of suburban living, sexual adventure, the organization ethic, and other ways of peace through passivity. The path to this peace may be filled with hectic activity and noisy words.

Smith[15] raises her voice loudly against such a peace. She sees peace as "not cessation from struggle, not comfort, not absence of friction or controversy or ordeal—but freedom for men to maintain the maximum of creative tension, to go on with the Quest, with the work, to engage in further dialogue with one's self and others . . . , to look for, and now and then find, fresh simplicities in the old chaos." She refers to alienation as the number one enemy of man in these words, "the creeping, persisting, ever-widening dehumanization of man." The number two enemy is war. Clinical experience often shows an intimate relationship between the de-

humanization in alienation and the blind destructiveness, both subtle and gross, which alienation engenders.

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DISCUSSION

DORIS V. FALK, Ph.D., New Jersey:* As doctors, you are interested in what literature can teach about psychology; as a reader and student I am chiefly interested in what psychology can teach me about literature.

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Long before we had a name for it, authors were strongly aware of that mysterious world of the mind which lies beneath immediate consciousness. It contains the very stuff of creativity; without its activity there can be no truly creative art. All our greatest writers have known this, but they have known, too, that the artist must become an artisan in his use of materials from this "buried life" or dream

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world or unconscious realm. The material must be brought to that level of consciousness which Shakespeare, in *A Midsummer Night's Dream,* calls imagination—of which the lunatic, the lover, and the poet are all compact. In that famous passage Shakespeare goes on to say:

And as imagination bodies forth
The forms of things unknown, the poet's pen
Turns them to shapes, and gives to airy nothing
A local habitation and a name

As psychoanalysts, your concern is with the process of bodying forth the forms of things unknown; as a student of literature, mine is with the shapes to which the poet turns them. Nevertheless, in attempting to understand any work of literature we must each focus at some point on the other's interests, since the unknown forms and final shapes are so closely related.

Sometimes, through the mysterious process of "incubation," the forms of things unknown may come to the poet's consciousness in sudden revelation, but they also appear, as for most of us, in a kind of stream of consciousness. If the stream is to be shaped into something more than an incoherent babble, the author must detach himself from it long enough to be able to work with the forms and use them. But for many a writer this process of detachment is difficult—especially if he must write from that tormented inner world of conflict described in *Notes from the Underground.* The final shape he gives his material may depend on the degree to which he, himself, has come out from underground. This is one of the reasons, of course, that Dostoevsky's *Notes* are more interesting as a study in alienation than as a work of literature; indeed, this is why the book is cast into the form of amorphous, sprawling "notes" rather than as a fully developed and well-constructed novel. No one understood better than Dostoevsky the lacerating (to use a favorite word of his) demands of the necessity to bring these inner conflicts to the light of consciousness where they might be examined and recorded. You will say that he has made at

least one step on the road to freedom and life in that he has been able to see and describe his inner turmoil. Here at least is a spark of hope, a kind of tragic affirmation of man's ability to assert himself. This type of "underground" author is not dealing with images snatched from the air or from outward experiences; he must wrench them from his very guts. Perhaps this accounts for his fondness for the myth of Prometheus, that great sacrificial outsider who brought upon himself the punishment of vultures devouring his vitals. Naturally, there is no direct equation between the quality or power of a work of literature and its author's degree of involvement in his own intrapsychic struggles. But we do know that literature written without any awareness of this conflict may be slick and superficial, if entertaining; and literature too tied to it may be passive, self-torturing, paralyzed, and inert—reflecting the problems of the author.

The criticism and evaluation of literature, like the literature itself, is, of course, subject to the cultural influences at work upon readers and writers. It seems to me that one of the most important of these in molding literary taste and trends is our awareness of the power of the unconscious and our preoccupation with psychological problems. As a certain comedian said the other night, we are all under the spreading psychia-tree. This accounts for the revival of serious interest in writers who may have seemed to their own century (notably the nineteenth) obscure or faddist. Often when they were appreciated it was simply as writers of thrillers or adventure stories— Poe and Melville, for example. And, of course, the obsession with the psychological or psychopathic is reflected in our own literature and drama. Authors and playwrights, readers and audiences, are alike attuned to it. The very idea of dramatizing —"acting out"—has become loaded with psychoanalytic connotations. And since alienation, anxiety, and the inhibition of feeling and acting are major themes in our thinking, so are they in drama—the form which traditionally, according to Aristotle, has concerned itself with the "imitation of action." It is questionable whether an Eliz-

abethan theater audience would have tolerated O'Neill's *Long Day's Journey Into Night* or his other late plays of introspection and retrospection. (*Hamlet?* Well, *they* didn't really understand it. They thought it was really about revenge, but WE know!) O'Neill speaks to the Twentieth Century because he speaks of problems which, while not always universal, are at least comprehensible to most of us.

The popular interest in psychology and psychopathology has led to complications for readers and critics, however. The authors are extremely self-conscious about their own psychological problems and those of the human race in general. In other words, they've read Freud and a few other books besides. Many of them are not above a very conscious and artificial manipulation of symbols to achieve an effect upon the modern audience: Not only do they know about Prometheus, but they also know what Freud said about big black birds of prey. Combine these, mix well, add a man in a white coat and Elizabeth Taylor and you're made.

Seriously, though, I do not mean to belittle the great insight our new knowledge has contributed to literature as well as to life. In the hands of an honest writer the new terms and symbols are only further tools in enabling him to turn the unknown forms into the shapes of art. Every great writer tells us more about himself and about his characters and about ourselves than he consciously knows or intends. He, himself, is aware of this and it is why writers so often have disclaimed immediate credit for what they have written. It has come to them from somewhere—from the Muse, or from the winds of Mt. Parnassus blowing through them and making music as through an Aeolian Harp, or, as Poe put it, from the world of the "swoon" or of unconsciousness.

Writers have always had an ambivalent attitude toward this unknown or half-known world. On one hand it is the very spring of life and creativity, on the other it is a source of terror and destruction; it may swallow a man and annihilate his being. For writers like Dostoevsky, Poe, Melville, and O'Neill, who by their own char-

acter structure are compelled toward self-analysis and the search for self, the terrifying aspect of this unknown realm is inevitable. For, naturally, one cannot explore the dream world and select only the pretty pictures from it if one is to record the truth. These people cannot approach freedom without suffering the underground journey. They speak from the "tangle" without blaming society or outward forces for their entanglement. Even O'Neill, who uses contemporary social problems as settings for his alienated characters, makes it clear that social change or legislation will be no cure for them. Yank, the poor lost hero of *The Hairy Ape*, tries at first to blame the structure of capitalistic society for his predicament but ends by saying just before his death at the hands of a real ape —the self-image in which he is imprisoned —that social and economic reform won't help him. "Dis ting's in your inside, but it ain't in your belly. . . . It's way down—at de bottom. Yuh can't grab it, and yuh can't stop it. It moves, and everything moves. It stops and de whole woild stops. Dat's me now—I don't tick, see?—I'm a busted Ingersoll, dat's what. . . . Aw, hell! I can't see—it's all dark, get me? It's all wrong. . . ." (Scene VII).

Among the many literary patterns followed by those authors who are concerned with the self-alienated protagonist—longing to find himself and at the same time dreading what he might discover—is one which I find repeated in the works of Poe, Melville, and O'Neill. The author may begin with a portrayal of his hero as a lonely wanderer through or dweller in some foggy realm (Poe's "misty mid-region of Weir") where everything is unreal or mysterious, and in some way ominous and threatening. Maybe he is a schoolboy living in a gloomy, labyrinthine building where one never knows what floor he is on (*William Wilson*), or he may be an actual wanderer or seafarer. This image is so frequent in our literature as to require a volume just to list the titles. Interesting testimony to its tenacity in our culture is the fact that the two best-known surviving lyric poems in Anglo-Saxon are melancholy laments called "The Wanderer" and "The Seafarer." The

sea is one of our recurrent symbols of the unknown self because of obvious analogies: its turmoil, its fogs, and its deceptively innocent and sunny calm masking the horrors of malevolent and devouring forces below the surface. This is the sea on which the protagonist sails in Poe's *MS. Found in a Bottle* and *Narrative of A. Gordon Pym;* the sea of Conrad's *Secret Sharer,* of Melville's *Moby Dick* and of O'Neill's many one-act sea plays, as well as *Anna Christie* and *The Hairy Ape.* It is the same sea which lurks outside the home of the O'Neills in *Long Day's Journey Into Night.*

As the voyage proceeds, the wanderer begins to distinguish shapes, and some of them look like himself. He raises in some form or other the question of his own identity and of his own aliveness. Perhaps he finds himself on a ship manned by dead men (Poe's *MS. Found in a Bottle*), where the captain of the ship just happens to resemble the author of the story. As the journey proceeds, the images of self multiply and become more complex and, at the same time, more clearly defined. There may appear a double as in Conrad's *The Secret Sharer,* or various complementary aspects of one character as in Poe's *Narrative of A. Gordon Pym;* or there may be specific delusions in which a character sees an impossibly aggrandized and vindictive image of himself—Ahab, in *Moby Dick,* projecting on the whale all the evils of his own experience. And if, in subsequent discussion, we may include journeys into self which do not take place on a literal sea, it may be said that at this stage of the "voyage" in O'Neill's work the character wears a mask to suggest his varied self-images, or sees himself in many mirrors.

After the various self-images appear the conflict begins. Sometimes it takes place as an overt destructive battle between two opposing selves (Poe's *William Wilson, Fall of the House of Usher;* O'Neill's *Great God Brown*). At other times the inner conflict drives the protagonist toward some sort of false integration whereby he unifies his forces—or thinks he does—in a destructive war against what, he deludes himself, is a third party. The symbolism of this may be explained by the author or may be implied

in the actions of the hero. In *Moby Dick,* Melville openly informs the reader that ". . . Ahab had cherished a wild vindictiveness against the whale, all the more fell for that in his frantic morbidness he at last came to identify with him, not only all his bodily woes, but all his intellectual and spiritual exasperations. The White Whale swam before him as the monomaniac incarnation of all those malicious agencies which some deep men feel eating in them, till they are left living on with half a heart and half a lung."

In Poe's tales this attack on a supposed third party may be implied in the destruction of an innocent being—the black cat, the old man in *The Tell-Tale Heart*—for no reason except that his eye is fixed upon the murderer, reminding him of his own hated identity, and this eye must be destroyed.

The final step in the journey must be either integration or annihilation. In Conrad's *The Secret Sharer,* the two selves are integrated and the narrator identifies himself with the bold free swimmer in the sea, striking out for land. In *Moby Dick,* Ishmael, who has found a kind of love and self-fulfillment early in the book, is saved—ironically by the coffin designed by and for his good friend, Queequeg—but Ahab is drowned in the sea of his own madness. Ahab's evil Doppelgänger, Fedallah, the fire-worshipper, has gone before as he prophesied, and when Ahab sees the body lashed to the whale he knows his own doom. Poe's insane murderers achieve annihilation by compulsive confessions; his lonely voyagers are swallowed by the sea or by some vague image rising from it. The ending of *The Narrative of A. Gordon Pym* speaks for itself: "And now we rushed into the embraces of the cataract, where a chasm threw itself open to receive us. But there arose in our pathway a shrouded human figure, very far larger in its proportions than any dweller among men. And the hue of the skin of the figure was of the perfect whiteness of the snow." This is the last sentence in the book. We can only guess at the identity of the vague, faceless human figure.

But in spite of the predominance of

catastrophic conclusions in the works of these men, there is always some hope, some affirmation of life and growth. It may be dimly perceived, or expressed as an intellectualization, or as an arbitrary happy ending or rescue (the most artificial and least affirmative of all). In a group of O'Neill's plays written at his most productive period all the characters find unity in some sort of ecstatic revelation. The symbols of the revelation are those of spontaneous, flowing creativity in which conflicts are resolved and rebirth can take place—a fountain, for example, or the voice of Mother Earth proclaiming the cycle of the seasons. Poe's symbols are often similar to O'Neill's although seldom as explicit in their meaning. His "weary, way-worn wanderer" comes home at last to Helen—a mother figure as many critics (psychoanalysts among them) have pointed out. But she is a mother-image with a difference; not just a comfortable and secure womb but a source of insight:

> "Lo! in yon brilliant window-niche
> How statue-like I see thee stand,
> The agate lamp within thy hand!
> Ah, Psyche, from the regions which
> Are Holy-land!"

In another love poem Poe says,

> "Thou wast that all to me, love,
> For which my soul did pine—
> A green isle in the sea, love,
> A fountain and a shrine . . ."

This "green isle in the sea" is, I think, one of the most significant of all literary symbols of the search for the secure, integrated, and spontaneous self. The island is not simply a place of peace and escape, inhabited by lotus-eaters. More often it represents solid and fertile earth upon which the wanderer may find himself and be symbolically reborn to a vigorous new life. In O'Neill's *Mourning Becomes Electra,* for example, his inhibited New England characters dream of the South Sea Islands as a place of release from repression and conflict, a new world of warmth, love, and guiltless sexuality.

But Melville, in Chapter 58 of *Moby Dick,* explicates most fully the meaning of that green island in the great fecund and destructive sea of the mind:

"Consider the subtleness of the sea; how its most dreaded creatures glide under water, unapparent for the most part, and treacherously hidden beneath the loveliest tints of azure. Consider also the devilish brilliance and beauty of many of its most remorseless tribes, as the dainty embellished shape of many species of sharks. Consider, once more, the universal cannibalism of the sea; all whose creatures prey upon each other, carrying on eternal war since the world began.

"Consider all this; and then turn to this green, gentle, and most docile earth; consider them both, the sea and the land; and do you not find a strange analogy to something in yourself? For as this appalling ocean surrounds the verdant land, so in the soul of man there lies one insular Tahiti, full of peace and joy, but encompassed by all the horrors of the half known life. God keep thee! Push not off from that isle, thou canst never return!"

ALIENATION: ITS HISTORICAL AND THERAPEUTIC CONTEXT

HAROLD KELMAN

ALIENATION has a context embedded in its history. Its context determines its definition and that of its *zeitgeist* of which it is a manifestation. Its definition implies and explicitly points at from what there is alienation and thereby at current philosophies of human nature. Without such awarenesses, therapist and patient can have only an inadequate and inaccurate picture of what is helping and being helped. Some image that has individual, group, cosmic, and tempero-spatial dimensions is essential to contain and define the evolution of the process of alienation and the possible forms of its resolution.

The *what* from which there is alienation Horney called the "real self."[1] I would define it as a dynamic principle having the attributes of being spontaneous, of affirming and denying, of responding and containing organismal responses, which means being responsible, and of being phasic and flexible— i.e., of being palpitating. It also has the direction of "free, healthy development,"[2] of growth with consequent "genuine integration and a sound sense of wholeness, oneness."[1] The process of moving away from the "real self" Horney called "Self-Idealization"[3] and what was being moved toward the "Idealized Image."[3] All that furthers and maintains self-idealization increases aliena-

tion and is at the same time an aspect of alienating, the process.

Science now recognizes the values of analogy for illuminating what has been hidden, while cautioning against being blinded into hasty generalizations. Using Horney's formulations, as fact and analogy, much light can be thrown on alienation and its resolution. As the individual moves toward and manifests more of real selfness in the course of therapy, he becomes "more aware of the broader issues involved in his particular life and in the world at large. . . . He will gradually experience himself as part of a bigger whole. . . . The finding or accepting of his place in the world gives him the inner certainty which comes from the feeling of belonging through active participation."[4] Horney defines the resolution of alienation in terms of the individual in the context of the world-at-large. The evidence of such healthy growing is the finding and fulfilling of individual responsibility as an actively participating aspect of that larger whole.

Alienation is a problem of our world age. Every nation on every continent has its "Juvenile Delinquency" and "Organization Man." The concepts for defining the issues involved must be cosmic, not only because this is the Space Age, but also because so-called

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autonomous rhythms in plant and animal life are now found to be determined by geophysical cycles.[5] All is One and One is all. So-called mystical rhetoric has become scientifically validated modern reality. Our self-regulative mechanisms turn out to be forms of a universal process having rhythmicity. Certain of these rhythmic processes we name autonomous and others heteronomous.

What is the *what* from which all these forms emerge and into which they are again resorbed? It has been variously named as *tathata* in Zen, *chit* in Hindu philosophy, and *hsing* in Chinese philosophy.[6] The notion of an undifferentiated *what* from which all forms emerge is not alien to us. In "Analysis Terminable and Interminable,"[7] Freud assumed that Ego and Id were originally one and that there were inherited, constitutional ego qualities. Hartmann postulated an autonomous "conflict-free-ego-sphere" derivative of an earlier "undifferentiated phase" from which the Id also emerged.[8] Horney's notion of the "real self" from which the "Idealized Self" emerges, to be resolved in therapy, resorbed and transformed back in "real selfness" also points in that direction. Add to these that in its forming and patterning, the real self is rhythmic and bidirectional and has the attribute of spontaneity, leading to wholeness and oneness. Being spontaneous is manifesting an evanescent play of forms, is playing with forms, is being unattached to forms. Being spontaneous is the charm of the child, the morality of wholeness, and the wisdom of the sage. It is the intuition of the artist, the rigor of the scholar, and the maturity of the child-like adult. All of this is more than by way of analogy and metaphor.

Some feeling for the *what* from which all forms emerge and into which they disappear is crucial for an understanding of alienation in our time. To give an adequate perspective, we must avail ourselves of cosmological dimensions.

Eastern and Western civilizations are descendants of the magic world.[9] In it phenomena are not what they seem. It is a world of transmutations, of inherence and inner experiencing, in which things, visible and invisible, animate and inanimate, material and mental, natural and supernatural, maintain a dynamic correspondence with each other. All things transcend themselves and man somehow mirrors and contains the universe. In the magic world knowing is non-conceptual awareness and knowing is influencing. Subject and object are not opposed but absorbed in a world consciousness which transcends both.

Freud's concept of the "Unconscious" reads like a description of the magic world.[10] "More and more artists are returning to the idea of art as the creation of magical symbols through which man can identify himself with his time. . . . Paul Klee's "Animals in the Paddock" (1938) has prehistoric echoes, while Miro's mural for the UNESCO building in Paris, completed in 1958, found inspiration in prehistoric cave drawings."[11] Tribal ways, embedded in the magic world, thinly covered by an empire-imposed veneer, are emerging with clarity and violence in awakening black Africa. The magic world is very alive in us all today, not only as irrational distortions but as creative reality. Remaining blind to this fact can have catastrophic consequences.

In evolving from the magic world, East and West dealt differently with the object. The East remained closer to the object and to all otherness through the subject-other relation. The subject and all otherness were unified through experiencing them as identical and juxtaposed. Wisdom was what was

gained through immediate contact with the "Real." This meant being pure subject, pure consciousness. Then there would be "awareness without anything of which awareness was aware—hence a state of pure lucidity."[12]

That such moments of pure lucidity are not alien to the West I attempted to elucidate through my formulations regarding "Communing and Relating"[13] in the analytic situation, in nature, and in life. We are familiar with the 'aha' phenomena, clinical insight, the creative process, know about *unio mystica* among Christian mystics, and have read of satori in Zen and nirvana feelings in Hindu philosophy. In moments of pure lucidity there is neither form nor formlessness, hence neither to which to become attached. Of course, awareness of sense impressions and the dualisms inherent in conceptual knowledge remain and, of course, there is participation in daily living but without becoming attached to its forms.

The West made a sharp cleavage with otherness and made it into an object. This includes the material and non-material world and consciousness itself. The gap between subject and object widened. The distance from organicity increased. An oppositional dualism between subject and object came into being. On an abstract plane, a unification was attempted from on top, through concepts. The guiding mind principle became Unity in Variety. Knowledge was what would be obtained through concepts.

Socrates felt an immediacy of contact with his daemon and with human beings in his dialogue. Plato, his pupil, a poet, ended by exalting reason. Aristotle postulated an unmoved mover and Aquinas, by reason, defined the nature of faith and made it a dogma. Descartes asserted *Cogito Ergo Sum*. The Enlightenment ushered in the dignity of the individual and left him on an unreasonably isolated pinnacle.

The Greeks began the search for the nature of things with the *why* question, going beyond the Egyptians': "What is the use of it?" Implied in the *why?* are the genetic questions, where and when. Only with Goethe, the first modern unitary process thinker, do the what and the how questions begin to be asked. But as long as all was made into objects the who question also concealed the premises of reason and causality.

While the Socratic dialogue aimed at creating and living the ideal of the good life, Plato turned it into an absolute, perfect, final ideal as a concept. The Romans codified it into law. The split between what is and what ought to be became an embedded aspect of Western civilization, its roots pushed deeper by the Christian ethic and revelation.

What characterizes the West is the objectifying attitude and its centrifugal orientation. The problems, questions and answers, are out there-then, whether they be a traumatic experience in the past or an ideal goal in the future. Teleology and causality govern, the focus is on winning, the position erect and locomoting, whether in fact or in attitude, while being dominated by dualisms of will, thought, feeling, and action. The goal was acquisition, whether it be of grace in heaven, power and things on earth, to swallow space on foot, in ships and airplanes and to build empires. Western man at his apogee regarded himself as man and master of all he surveyed and might yet grasp.

Inherent in this centrifugal orientation were the seeds of its own dissolution. The scientific spirit guided Copernicus' assault on the geocentric universe. Darwin descended man from a monkey and Freud unseated his vaunted reason with his "unconscious forces." Einstein

undermined Newton's absolute time and absolute space and paved the way for Hiroshima.

Freud is both person and manifestation of his *zeitgeist*. With reason he powerfully struggled against his very alive imagination and attempted a scientific systematization of its products. But in his concept of free association and in his self-analysis he gave imagination unrestricted free rein. Actually, he could not do otherwise because reason as a unifying principle for Western man had exhausted itself. In analogy with individual analysis and life, as therapists, we see that when unifying patterns of an irrational nature, which means transformations of "real selfness," are no longer strong enough and/or have been weakened what they held in check bursts through. Also emergent are the feelings consequent upon failing to maintain that checking. The response is one of anxiety and low self-esteem. What comes into view is seen in magnified and distorted propositions and as having negative attributes.

What burst through in Freud's theory? Human spontaneity was called Id and considered destructive, and vital organicity manifested in sexual functioning had to be tamed. Religion was seen as an expression of neurosis and a consequence of a restraining Superego, and artistic creation as a sublimation, as something secondary and derivative.

Orthodox theory had forced into its ideally closed system the open-system notion of a primary "undifferentiated phase." A process set in motion by Ferenczi is now widely manifest in modern psychoanalysis. The emphasis is on here-now in the analytic situation, seen as a unitary experiencing process, in which two human beings participate with all capacities—feeling, thinking, willing, action—and all value systems— factual, aesthetic, moral, spiritual.

It is in the nature of the human organism to maintain itself as a whole, as a unity, and in a state of relative constancy. By analogy I feel this holds for the social organism. This means that value systems as patterns maintaining organismal unity, the farther away they are from human spontaneity, the more will they be rigid and static and compulsively held onto as if final, absolute, and perfect. Self-idealization, as well as the ideal of Western man, created through the ascendancy of reason, became possible in individuals and groups through the spurious unification of contradictory systems of conventions, of shoulds, oughts, and musts—Horney's "Tyranny of the Should."[14] In the weakening and the being pushed aside of the comprehensive solution of self-idealization these coercively contradictory patterns were thrust into the foreground. Pseudo-unification in individuals and by groups is now becoming manifest in patterns of conformity and rebellion. But we must be clear that the rebellious "Juvenile Delinquents" are non-conforming conformists, as the "Organization Man" is the conforming conformist. Our vaunted individualists now run in packs.

Reason and coercive oughts are object-oriented whether the object be oneself or another. Constantly breaking through, with much more below the surface, is anxiety, which has neither subject nor object. Under its impact, unity of self and constancy of world disintegrate and this is "catastrophic" (Goldstein). Much of what looks like hostility and destructiveness is not intentional but consequential and incidental to the violent thrashing around while being anxious—i.e., before paralyzing anxiety sets in. The fear of such anxiety is concretized in the fear of the outbreak of atomic warfare, the present most powerful deterrent to its outbreak.

Also restraining such insanity is the awareness that no one wins such a war. Everyone loses, and once such a war is set in motion reason is irrelevant. Where action and thought once dominated, unreasoning feelings lie in ambush to sweep all away with objects created by science.

Terror of such a catastrophe has become not only a deterrent to its happening, but a powerful constructive stimulus for human survival and for finding new ways of living and of living together on this planet. It is not simply that quantity has become quality, but quantity and quality have become transformed into their opposites. This is happening because the terror can no longer be reasoned away, acted out, denied, or flight taken from it. The terror must be contained and experienced, here-now. It is no longer a problematic situation about which we can ask the questions why, where, when, who, what, and how, and get answers in concepts. It is an experienced actuality which seizes us. We are confronted with choicelessly containing, experiencing, and thereby transforming, the energy manifested in these rigid irrational feelings into flexible spontaneous ones.

Thereby, what was invested in and is a consequence of undermining and resorbing patterns of self-idealization will become transformed into patterns of self-realization. Lindsay,[15] physicist, suggested as "a thermodynamic imperative, a normative principle which could serve as a basis for a persuasive ethic," namely, that all human beings dedicate themselves to maximum consumption of negative entropy, for life feeds on it. This notion will be congenial to those who are quantitatively minded, as well as to the qualitatively oriented who would see in this ethic Schweitzer's "Reverence for Life."

While containing this nameless terror we are rediscovering some ancient truths known to the East. Time takes on a new dimension. Instead of something absolute starting back there-then, whizzing through here-now to a future there-then, we are being forced to experience here-now in the fullness of its dimensions. Similarly changing experiencing is going on with reference to space. The lack of interest in the past and the future is, I feel, an expression of this phenomenon in today's youth and in many older people. We hear it as "Patterns of living ten years old are outdated," or "Why plan when the atomic bomb is around the corner?" The extreme possessiveness of their space of "Juvenile Delinquents" and the emphasis on having a place for the "Organization Man" I feel are reflections —although distorted—of these changed attitudes.

Instead of knowledge following from answers to questions, we are discovering the values and limitations of sense-impressions and dualistic thought, and how, in exploiting and exhausting their current possibilities, the doors to experiencing human paradoxes are opened. Their containment and resolution produce creative tension. In its reduction human possibility becomes actuality. In freer associating,[16] while containing the forms thrown up by the universal forming process on the screen of consciousness and while looking at them with the whole of ourselves as responder, reactor, and resonator, we move into our depths. This happens through maintaining the attitude of the *epoche*—i.e., evaluating the forms as they emerge while remaining unattached to them. Ultimately, on the analytic couch, moments of mindlessness, selflessness, formlessness, being silent, being quiet, being still, and even being serene become more possible. All of this is possible for individuals alone and in groups, in silence, in prayer, in

communion with themselves, with nature, with the all.[13]

Living moment by moment and being alive as individual beings acquire new meanings. We are the subject-other relation of the East. We see ourselves and all others as identical and juxtaposed. We experience pain as pain and pleasure as pleasure, neither to be exalted nor degraded. Like Klee, with his deceptively naïve and profoundly wise doodles, we experience that living is experiencing "forming," as feeling, thought, will, and action to which we attach factual, aesthetic, moral, and spiritual values, and to which forms we do not become attached. The forms emerge from and are resorbed into the source and manifestation of all forms and formlessness, which is Reality.

While containing this terror, not only conforming conforming and non-conforming conforming have become manifest, but also other consequences of self-idealization and of the Western ideal carried to its ultimate. Of these Kierkegaard was aware; later Nietzsche, and now a host of others. I regard Existentialism as a phenomenon of the West and a phase on the way toward something different which will unify the contributions of East and West in ways heretofore neither existent nor envisaged. I regard Existentialism as "the formulated awareness of our estrangement and alienation from our roots, our organic rhythms, and from all otherness. It defines the emptiness, meaninglessness and nothingness of our previous ways of being" based on our Western philosophic tradition. "Existentialism points at the experienced despair and hopelessness of hanging onto such outmoded ways of being, and the tragedy of them. It defines the fear and dread of the responsibility of choosing to let go into freedom . . . with which the West has had little experience."[17]

From the point of view of self-idealization, the despair is at ever fulfilling the impossible, and from the aspect of real-selfness the despair is at never having been oneself authentically. This phase in analysis I regard as one of constructive hopelessness and I attempt to help patients experience it so. This despair is manifested in our arts, representational and non-representational, written and performing. It is manifested in the "I couldn't care less" attitude and the generalized apathy about larger issues. A recent newspaper caption reads, "U.S. Public Found Upset But Inert"[18] and "public" refers to all economic levels, age groups, and walks of life.

Anxiety, self-hate, and despair must be experienced before the impact of alienation becomes felt, as a state, as a process, as a direction of existing not living, with its internal and external references. Internally this estrangement must be experienced as being removed from what is authentic, genuine, and spontaneous, and similarly perceived as it obtains in others and in the world around. That estrangement and remoteness from the authentic is being manifested throughout our planet is amply and painfully evident.

The youth of this age never had it so good, materially and educationally. The actualization of Utopias removes them as dynamisms, as causes, and begins to clear the way for the awareness of the prices paid for those Utopias and for what is missing. But what is youth's responses? Apathy, indifference, resignation, non-commitment, rebellious—if not hostile—defiance of all ideologies. Kenneth Keniston,[19] in his "Alienation and the Decline of Utopia," mentions some of the points I am emphasizing. One section of his paper, captioned, "Coming of Age in America," is better titled "Coming of Age of America,"

more accurately extrapolated to "Coming of Age of This Planet."

Again, following the analogy of an individual maturing in the analytic process, I have noted a phase in therapy when, as the intensity and extensity of alienation is beginning to be experienced and intimations of the experiencing of central conflict become significantly evident, people whether resigned, expansive, or self-effacing[1] often interrupt their analytic work. They do so as long as they feel they can deny, take flight from, reason away, or act out the emergence of experiencing the depths of their alienation and their central conflict—i.e., when inner forces are becoming equally aligned between what is sick and what is healthy. Such breaks away from analysis occur on the assumption that they can get away with murder. But the crime, the death of their own souls, they ultimately are punished for by themselves and life.

I regard this manifestation of indifference, non-commitment, rebellious defiance, and flight as a foreground manifestation portending increasing awareness of alienation and of inner conflict in the world organism. While analysis came into being to meet this need and while it has begun to reach masses of people, it is far short of the solution. No one can run away too far or too long from these emerging awarenesses. This means that every human being must accept himself as his own patient and his own therapist, while accepting everyone else as his patient. He must be therapist to all others while being their patient. Giving is receiving and receiving is giving. Authentic healing heals the healer as it must those being healed.

It is essential that each therapist have some image of how alienation has come about in our time and how it is manifesting itself, that he experience a large measure of his own alienation, of his own central conflict, and have among his tools himself as therapist and an image of theory and therapy requisite to our age to guide him in his efforts. It is essential that he communicate what he has found meaningful and that he formulate his own perceptions of our current total human situation.

Although the foreground picture is quite negative and Brock Chisholm[20] suggests that "Man's survival in the nuclear age is doubtful because there is no 'tradition' for it," and "Doomsday: Friday, 13 November, A.D. 2026"[21] is predicted, I feel there is much that is positive in the picture. Keniston stated that while there is a "dominance of deterrent and destructive myths . . . the very fact of widespread alienation from a society dominated by vestigial ideologies or destructive and deterrent myths itself suggests that more positive values, however, inarticulate or unconscious, still exist."[19] I agree with him on the bases that every foreground has its background, that every negation has its affirmation, and that, as "Camus points out, every act of rebellion presupposes an implicit affirmation."[19] Although a nationwide survey found one in four emotionally ill, it also revealed an awareness of the problem motivating one in seven to seek professional help.[22] Similarly, I feel the widespread awareness of the problem of alienation has already produced much that is positive in our current world picture.

We know that there is a problem and what the problem is. There are meaningful stirrings. "The Unsanitary Generation," an editorial in *The Yale Daily News* (May 12, 1960) ends with: "For those who can survive there is a new and deeper world of belief." And the lead article, "Yale and the 'Antiseptic Generation'," closes with: "If we can learn to view the 'outside' with all the

energy that is now vented in internal disillusionment, we may escape whatever stalemate exists, and we may yet find a testament that will make our entrance into the macrocosm." It is clearly emerging that we live in a world age, that survival or catastrophe will affect all of us, and that we all have terror as a constructive impetus. Prolonged cold war with localized smaller hot ones is on the side of the human race. It gives each individual an extended opportunity to contain and transform his anxiety for enlarging his enclave of continuous creation. Daedalus[23] devoted a four-hundred-page special issue to "Arms Control" because "the art and science of controlling war have for the first time shown signs of genuine promise."

Human history is also on our side. We have as guides what Christian mystics and Eastern sages can teach us about life moved in ways other than by reason and action, and what might come from a synthesis of what East and West can contribute to each other. World War II again reminded us of the heights of human dignity and human courage to which individuals and groups can rise in adversity. Recurrently in life, literature, and therapy it has been affirmed that in crises[24] of the human body and the human soul sudden illuminations of the blackest despair can happen, as it did just before "The Death of Ivan Ilych."[25]

We all know there is no place to hide and that moon space is still limited. Denial is impossible, and it can happen here. Blaming is an indulgence no one can afford and it is getting a less indulgent hearing. Each individual is becoming urgently aware that he can only become insane, commit suicide, or grow; that the last is possible through containing and experiencing tensions; that his share in our planet is as vital as the next one's in feeding on nega-

tive entropy and affirming real-selfness.

What is more, the current problem of world alienation is being defined and communicated more widely, as it is here today, and suggestions as to how to deal with this situation on an individual, group, and cosmic scale are forthcoming. Crucial is our increasing understanding that there are no solutions out there or in here. There is only experiencing here-now, so that we become more aware that in and out are aspects of one. Then forms, as patterns of phenomena, will be experienced as manifestations of the abundance of Reality —and attachment to them will be seen as folly. Only those terrorized by their distorted vision of an existence dictated by an economy of scarcity will perpetrate the insanity of attempting to hoard those forms. The *what* from which all forms emerge and into which they are absorbed was, is, and will always be here-now. You can neither create it nor destroy it, nor take it with you. It was, is, and always will be Reality.

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SELF-ALIENATION: DYNAMICS
AND THERAPY

FREDERICK A. WEISS

DURING THE PAST decade, psychoana-
lytic therapy has become more dif-
ficult because more patients show an
increasing degree of inner dissociation
and emotional withdrawal. The age of
hysteria was followed by the age of
psychosomatics in which anxiety and
conflict were mainly expressed in physi-
cal symptoms. In our times this has
been followed by the age of alienation.
The main characteristic of today's pa-
tient is his estrangement from himself.
I am referring here not only to the ex-
treme: the ambulatory schizophrenic so
common today, whose automatized and
mechanized shell personality enables
him to function and survive surpris-
ingly well in our present automatized
and mechanized society. I am thinking
of the majority of our neurotic pa-
tients. Here the alienation reveals it-
self—to use Horney's description—in
"the remoteness of the neurotic from
his own feelings, wishes, beliefs and en-
ergies. It is a loss of the feeling of be-
ing an active, determining force in his
own life. It is a loss of feeling himself as
an organic whole . . . an alienation from
the real self."[1]

THE CONCEPT

Alienation has social and individual
aspects which can be found in the two
original meanings of the term. With
emphasis on the social aspect, the es-
trangement from others and the envi-

ronment, the concept of alienation was
created by Hegel and later by Marx,
who saw man become estranged from
others and from his work under the im-
pact of the Industrial Revolution. With
emphasis on the individual aspect, the
estrangement from the self, the concept
of alienation was used in the last cen-
tury and is being used now in some coun-
tries as connoting mental illness *per se*.

The pathogenic effect of social and
cultural factors which reinforce and
perpetuate the process of self-alienation
is evidenced by comparative cross-cul-
tural anthropological studies. I have
mentioned some of these factors in my
introduction to this Symposium. How-
ever, to find the primary roots and the
dynamics of self-alienation we have to
study the early phases of human devel-
opment and the "inner life history" of
alienated patients. We have to use the
methods of psychoanalysis.

The term "alienation" is not used
by Freud. But in a letter to Romain
Rolland, written in 1936, Freud reports
about an *Entfremdungsgefuehl*, a feel-
ing of alienation, which he had experi-
enced on the Acropolis. He sees it as an
aspect of depersonalization. "The sub-
ject feels that . . . a piece of his own
self is strange to him. . . . The phe-
nomenon is seen as serving the purpose
of defense . . . at keeping something
away from the ego."[2]

Fenichel[3] sees the alienation of one's

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own feelings as characteristic of compulsive neurotics and generally as the result of a long development, but it may also originate in specific traumatic experiences. He considers alienation as the effect of a reactive withdrawal of libido which serves as a defense against objectionable feelings.

Paul Schilder, as early as 1914, described the alienated patient as a person who observes his behavior from the point of view of a spectator. His "central ego does not live in his present and previous experiences. The self appears without soul."[4] Later he stated that alienation can be not only part of depressive and schizophrenic psychoses, but that to some extent it occurs in almost all neuroses as an "unspecific result of the general shock of the psychic conflict. . . . The individual does not dare to place his libido either in the body or in the outside world."[5]

While still using the mechanistic concept of the libido theory in saying "the individual does not *dare*," Schilder already speaks in terms of motivation, of courage—or rather, lack of courage, the avoidance of anxiety and conflict and resignation, which we consider today basic aspects of self-alienation.

ORIGINS OF ALIENATION

Schilder also states that the "amount of interest an individual receives in his early childhood is of great importance." This view is confirmed by my clinical experience, which shows that the most severe forms of self-alienation occur in patients whose early relationships were characterized either by lack of physical and emotional closeness, the fatal effects of which Spitz has convincingly demonstrated, or by symbiotic relationships fostered by anxious or overpowering mothers who deprive the child of the chance of growing up as an individual, and particularly by open or

hidden over-expectations of compulsively ambitious parents who condition their love and make "shoulds" of performance or behavior a prerequisite for full acceptance of the child.

W. H. Auden describes this utterly destructive process in his poem, "The Average":

*His peasant parents killed themselves
    with toil
To let their darling leave a stingy soil
For any of those smart professions
    which
Encourage shallow breathing, and
    grow rich.*

*The pressure of their fond ambition
    made
Their shy and country-loving child
    afraid.
No sensible career was good enough,
Only a hero could deserve such love.*

*So here he was without maps or sup-
    plies
A hundred miles from any decent
    town;*

*The desert glared into his blood-shot
    eyes;
The silence roared displeasure: looking
    down,
He saw the shadow of an Average Man,
Attempting the Exceptional, and ran.*[6]

This is the soil in which rebellious resignation grows. Here also grows compulsive non-conformism which, while it contains constructive strivings for freedom, distorts its meaning and perpetuates self-alienation as much as does compulsive conformism. The "beatnik" often is as alienated from himself as is "the man in the gray flannel suit."

The alienated patient is not born alienated, nor does he choose alienation. Lacking genuine acceptance, love, and concern for his individuality in childhood, he experiences basic anxiety. Early he begins to move away from his self, which seems not good enough to

be loved. He moves away from what he is, what he feels, what he wants. If one is not loved for what one is, one can at least be safe—safe perhaps by being very good and perfect and being loved for it, or by being very strong and being admired or feared for it, or by learning not to feel, not to want, not to care. Therefore, one has to free oneself from any need for others, which means first their love and affection, and, later on, in many instances, sex. Why feel, why want, if there is no response? So the person puts all his efforts into becoming what he *should* be. Later, he idealizes his self-effacement as goodness, his aggression as strength, his withdrawal as freedom. Instead of developing in the direction of increasing freedom, self-expression, and self-realization, he moves toward safety, self-elimination, and self-idealization.

CLINICAL PICTURE

The alienated patient often is a good observer of himself. Together with the therapist, he looks at himself as though he were a third person in the empty chair. He seems not to care about anything, not to desire anything, particularly anything to which he could get attached. Experiences are dissociated from feelings, feelings do not reach awareness. Events "happen" to him, as they happen to Camus' *Stranger:* the death of his mother, the love of a girl, the fight, the murder. "It's all the same to me," he says again and again. No feeling is experienced, no joy, no longing, no love, no anger, no despair, no continuity of time and life, no self.

He has no active relation to life. This may be connected with an observation I have made several times. These patients often go first to an opthalmologist with complaints about visual disturbances for which no organic basis is found. Erwin Straus[7] showed that in

seeing we relate actively to the world around us, while hearing involves awareness of something which comes toward us. Physical symptoms, such as tiredness, dizziness, a general or localized numbness, various degrees of sexual anaesthesia, headaches, or gastric disturbances, often are the only clinical evidence of a deeper emotional problem. The loss of primary feelings may be extreme, as in a patient who did not know how he felt until he had looked at his bowel movement in the morning. Such a patient often does not even experience his own feelings in a most intimate situation: when he has a date with his girl, or when he goes to a funeral. What matters to him is only whether he has the "right" attitude toward the girl or at the funeral—"right" meaning the attitude he is expected to have.

The absence of manifest anxiety, rage, or conflict in the clinical picture —Oberndorf spoke of "playing dead" —has led some psychoanalysts to diagnose this condition as an emotional or even constitutional defect, or as an irreversible end-stage of the neurotic process. Clinical experience, however, shows that below the apparently insensitive, frozen surface of these patients is a highly sensitive self, weakened and paralyzed by violent conflict. Underground there exist strong longings and feelings.

The alienated patient is by no means simply the other-directed radar type of Riesman. He is much more deeply blocked. He is dissociated from the active, spontaneous core of himself and his feelings and, therefore, from his incentives and his capacity for making decisions. Recently, a patient said: "I am color-blind until somebody reveals the colors to me. Only when plugged into the wall-socket of 'the other' do I get the light, the energy, the reality of

myself." He could have added, ". . . and the feeling of being alive."

This explains the existence of what I call *"echo phenomenon"* in the alienated patient. His own inner voice often is so weak and unconvincing that he hardly hears it. A pertinent statement, a creative idea, a promising plan on which he has been working for weeks remain unreal and meaningless to him until, with much hesitation, he expresses it to another person. When, however, "the other," whom he experiences as an insider of life, repeats his statement, his idea, or his plan, this echo suddenly sounds real and convincing to him, while his own—usually much better—formulation of the same thought remains unreal. In his inner experience he does not count. He does not exist as an individual on his own.

He may say, "Nothing moves me," or "I cannot make any move." But should one follow his limited movements in life, one will notice that he moves for short spurts, like a car with a dead battery, which must be pushed by another car. It stops, however, not simply due to lack of power, but due to the action of an automatic built-in brake. The patient seems to say in a non-verbal way: "I *will* not move on."

DYNAMICS

The patient's paralysis reveals itself in psychoanalytic therapy in free associations, and particularly in dreams, as a "sit-down strike" against life. This is motivated in a passive way by feelings of deprivation and resignation, such as, "I don't want anything. If I don't want I cannot be hurt," or, in an active way, by violent feelings of bitterness, frustration, resentment, and rage against life and the world which has withheld love or recognition.

In both forms we find the same powerful, unconscious premise: "I shall not participate in the game of life, get emotionally involved, or make a move on my own, until there is a guarantee for the fulfillment of my needs." These by now have become "just" claims for total love or unique success which form part of the unconscious idealized image that has to be actualized.

The apparently static condition of self-alienation reveals itself as a dynamic and comprehensive attempt to avoid the painful experience of severe inner conflict, particularly between strong dependency needs and co-existing violent and hostile aggression. By remaining alienated from himself and detached from others, the patient avoids the anxiety connected with emotional involvement in conflict. But he pays for this with a steadily increasing restriction of his life, his feelings, and his wants; he pays with a loss of his self.

Self-alienation is an unavoidable result of the neurotic process. Simultaneously, however, it is an active move away from—or, rather, against—the real self:

1) Alienation prevents disturbing self-awareness. The alienated patient often complains of being "in a fog," but unconsciously he wants to stay in it. He welcomes *self-anaesthesia*.

2) Alienation, in the sense of conforming like an automaton, protects him from the burden and the responsibility of commitment to himself and his identity. It permits *self-elimination*.

3) Alienation, in its most active form, is the rejection of being oneself and the attempt to become the other, the ideal self. It means escape from the hated self through *self-idealization*.

These three ways, in which the "despair at not being willing to be oneself"[8] finds expression, were already described by Kierkegaard, who gained insight from the experience of his own anxiety and conflict. He called loss of

the self "sickness unto death." The first way is to avoid consciousness of the self:

"By diversions or in other ways, e.g., by work and busy occupations as means of distractions, he seeks to preserve an obscurity about his condition, yet again in such a way that it does not become quite clear to him that he does it for this reason (that he does what he does in order to bring about obscurity)."

This is the overbusy person whom Tennessee Williams describes so well:

"Mrs. Stone pursued the little diversions, the hair-dresser at four o'clock, the photographer at 5:00, the Colony at 6:00, the theatre at 7:30, Sardi's at midnight . . . she moved in the great empty circle. But she glanced inward from the periphery and saw the void enclosed there. She saw the emptiness . . . but the way that centrifugal force prevents a whirling object from falling inward, she was removed for a long time from the void she circled."[9]

This void, the "existential vacuum," as Victor Frankl calls it, is a main aspect of the neuroses of our time. Our culture is continuously providing new means for self-anaesthesia through "shallow living" (Horney): social drinking, late and late-late shows on television, never-ending double features at the movies, Miltown taken like candy.

The second way "to avoid willing to be oneself" is "willing to be simply the conventional self":

"By becoming wise about how things go in this world, such a man forgets himself . . . finds it too venturesome to think, to be himself, far easier and safer to be like the others, to become an imitation, a number, a cipher in the crowd. This form of despair is hardly ever noticed in the world. Such a man, precisely by losing himself in this way, has gained perfectability in adjusting."

Kierkegaard here anticipates what to-day has become a mass phenomenon: self-elimination through conforming "adjustment."

THE WISH NOT TO BE ONESELF

The third, most radical way "to avoid willing to be oneself" is "willing to be someone else." Binswanger emphasized the central role of this motivation for the schizophrenic in the "Case of Ellen West."[10] I find the wish "to be someone else," in a decisive though modified way, also in most neurotic patients. They want to free themselves from the burden they experience their actual self to be, escape into fantasy, and try to become that ideal other self they feel they should be.

This process leads, in two ways, to steadily increasing atrophy and paralysis of the self and interference with its further growth. The first factor is the result of a kind of "inner deprivation." All available energy is used in the compulsive attempt to actualize the other, the ideal, self. Too little energy is left for the developing of the real potentials of the self. The second, much more active factor is the destructive force of contempt and hate which is generated incessantly by the omnipotent, idealized self-image and directed against the despicable, actual "self that failed." Early self-rejection and active self-alienation are the roots of masochistic and compulsive homosexual trends.

To get rid of his hated self is the pervasive motivation of the masochist. In Maugham's *Of Human Bondage:*

"Philip would imagine that he was some boy whom he had a particular fancy for. He would throw his soul, as it were, into the other's body, talk with his voice and laugh with his heart; he would imagine himself doing all the things the other did. It was so vivid that he seemed for a moment to be no longer himself. In this way he enjoyed many intervals of fantastic happiness."

This self-elimination and identification with somebody else gives Philip "fantastic happiness" because he is temporarily freed from his hated self; but it also drives him into the self-destructive morbid-dependency relationship with Mildred.

Freud was right when he observed the close relationship between narcissism and homosexuality. The dynamics of compulsive homosexuality, however, become clear only when we recognize with Horney that "narcissism is an expression not of self love, but of alienation from the self. . . . A person clings to illusions about himself because and as far as he has lost himself."[11]

The narcissist lost vital aspects of himself due to early rejection which he internalized. He defends himself against this self-rejection by compulsive self-idealization. If the early rejection is experienced as directed particularly against aspects of the self connected with the sexual role, no clear sense of sexual identity can develop. It is a desperate search for a self and identity which drives him into the homosexual relationship. "I don't want to be me. I want to have his balls. I want to be him," a patient recently said.

Symbiosis seems to provide the solution in two ways: by merging with the partner he hopes to become the other, the ideal, self. This partner often is the externalized symbol of the lost, the repressed part of his own self, for example, of his "masculinity." The second function of the symbiotic relationship is what I have called the *"magic mirror symbiosis."*[12]

The alienated person exists, becomes at least partially alive, only in the mirror image reflected by others. Without it he feels emotionally dead, as Sartre shows in *No Exit*. A patient says it well: "I searched a way to me by drawing pieces of myself out of their eyes."

In the symbiotic relationship each partner functions as a mirror of the other's image. His "love" has to neutralize the acid of destructive self-hate in the other. The relationship immediately breaks when the mirror-function stops.

Phenomena such as so-called "penis envy," or a man's wish to be a woman, have to be seen as symbols of a partial or total rejection of personal and sexual identity. "If I had the chance of being myself, I would not be myself," a woman said. "I would be a boy. As a boy you are in control. You can do what you want; it is very depressing not to be a man." Such statements have to be analyzed as an expression of the total attitude the patient has toward himself and his life, as a characteristic of his very specific being in the world.[13]

The wish not to be oneself often focuses on the body, fostering a negative body-image which may crystallize around tallness or shortness, overweight or underweight, face, skin, sex—and color. If self-rejection selects the focus on color or nationality, distorting attitudes not only of the parents but of the community have been in operation. We may well ask whether segregation does not foster as much self-alienation in the segregating person who glorifies body aspects, as in the victim.

THERAPY

Only when the unconscious attempts fail, be they self-anaesthesia, self-elimination through conforming adjustment, or escape from the self through identification with the other, the ideal self, does the patient come to us. Something has "happened" to him which shows that his safety system is not so safe, his solution not so perfect as he expected. He hopes that the therapist will help him to correct his mistake, to improve his solution.

Thus a paradox is inherent in the therapy of such patients. In the beginning, patient and therapist seem to move in opposite directions. The therapist wants to help the patient to move in a "centripetal" direction, to reconnect him with the vital roots and the creative potential in him. But the patient is unconsciously divided. From the very beginning of therapy he is in search of his self and longs for a genuine relationship. But he still feels driven to accelerate his centrifugal move away from his self, which means to perfect his alienation. Or at least he expects to be freed from anxiety. He wants reassurance. Reassurance removes anxiety. But in so doing, it blocks awareness and destroys the patient's chance for growth and change. All too often the patient gets what he wants: the therapist complies with his expectations for a painless (because changeless) "cure."

The task of the psychoanalyst is not to remove anxiety and thereby to perpetuate alienation. He has to help the patient find the way back to himself. He has to help him face the anxiety generated on this road by self-confrontation and the surrender of cherished illusions. This can rarely be done by analysis in the orthodox manner, with the therapist sitting behind the couch taking notes and giving interpretations. The alienated, "shut-up" patient has all his life used words not to express but to hide his feelings.

Psychoanalysis has to outgrow alienated concepts of personality as well as alienating techniques in therapy.[14] The image of man as an id harboring only libidinous, aggressive, and destructive drives, but no constructive forces; as a super-ego, functioning as an inner police force, not as a healthy human conscience; and as a more or less passive ego, which reminds one of a rather sick self—such an image of man in itself appears fragmented and alienated. The concept of a doctor-patient relationship which is seen as determined by the transference of a neurotic past but disregards the constructive impact of the creative "meeting" in the present is in itself alienating. Instead of lessening the patient's alienation, it is likely to prolong it.

Psychoanalysis, born as a child of the age of enlightenment, overestimated the therapeutic effect of knowledge in itself. Making the unconscious conscious is not, in itself, therapeutically effective. To know, for example, that I harbor strong, compulsive dependency needs, may increase rather than lessen my self-alienation. Self-knowledge becomes therapeutically active only when it is experientially owned, and generates the emotional shock which is inherent in the process of self-confrontation. Only such experience has the power to lead to change, choice, and commitment. Kierkegaard was aware of this:

" 'gnothi seauton' *(know yourself) has been seen as the goal of all human endeavor . . . but it cannot be the goal if it is not at the same time the beginning. The ethical individual knows himself, but this knowledge is not a mere contemplation . . . , . . . it is a reflection upon himself which itself is an action and therefore I have deliberately preferred to use the expression 'choose oneself' instead of 'know oneself' . . . when the individual knows himself and has chosen himself he is about to realize himself.*"[15]

Frequently at the end of an orthodox analysis, the patient has gained much knowledge. He could easily "present his own case." He looks with some interest at that stranger who happens to be himself. He may even reflect the image which the therapist expects. But he has not changed. The patient needs,

as Ferenczi, Franz Alexander, and Fromm-Reichmann have emphasized, not explanations but emotional experience. To break through his alienation he needs to begin to feel himself and to permit himself more and more to be. The first step involves helping him to stop hating himself. "Any true psychotherapy," Binswanger states—and this is particularly true for the alienated patient—"is reconciliation of man with himself and thereby with the world, is a transformation of hostility against himself into friendship with himself and thereby with the world."[16]

In the beginning of therapy, the patient who refuses participation in life will also refuse true participation in psychoanalysis, even though he may lie down on the couch or sit down on the chair with a compliant smile. He is deeply convinced that nobody cares, nobody understands him, and that communicating his true feelings, his sufferings, and his rage to anybody, including the analyst, is sheer waste.

To "defrost," to open up, to experience and to accept himself become possible for the patient only in a warm, mutually trusting relationship in which, often for the first time in his life, he feels fully accepted as he is, accepted *with* those aspects of himself which early in life he had felt compelled to reject or repress. Only this enables the patient gradually to drop his defenses. He will test the reliability of this acceptance again and again before he risks emotional involvement. He will need this basic trust especially when he begins to experience the "dizziness of freedom" (Kierkegaard). The road from self-alienation and self-rejection to self-acceptance and self-realization leads through steadily growing self-awareness, which is made possible by the new creative experience of acceptance and meeting. Thus, the main therapeutic

factor becomes the doctor-patient relationship itself. Very much limited in the beginning by the patient's passive and active distrust, the relationship gradually becomes spontaneous and mutual. Binswanger expresses it like this:

"The communication must under no circumstances be considered mere repetition, as orthodox analysts believe, that is to say, as transference and countertransference in the positive case, as resistance and counter-resistance in the negative one; rather, the relationship between patient and doctor invariably constitutes an autonomous communicative novum, a new existential bond."

In the beginning of therapy, questions such as, "What do you feel now?" or "What would you really want?" may bring the patient close to panic. He becomes aware for a moment how deeply his capacity for spontaneous feeling or wanting is impaired.

The patient needs "emotional insight." Such insight is rarely verbalized. The patient may be silent or cry or laugh or do both at the same time. He may perspire, have palpitations, or breathe heavily. If he could verbalize his insight—it is characteristic that he cannot usually do it—he might say, "Yes, now I see: it is me, not they. It is me, not fate." In Kierkegaard's terms this changes the "aesthetical" person who experiences everything as coming from without to the "ethical" person, who, transparent to himself, knows that everything depends upon what *he* sees, feels, and does. In psychoanalytic terms it is the change from the feeling of being a victim of fate, constitution, the environment or "the unconscious," to experiencing one's conflicts within oneself, and oneself as an active force in one's life. It is a prerequisite for moving in the direction of freedom, choice, and responsibility.[17]

DREAMS AND ALIENATION

Kretschmer compared alienated patients to Italian villas that have closed their shutters against the glaring sun. Inside, however, in subdued light exciting events are happening. It often is the dream that opens the shutters for a moment. As the pupil widens in the dark, the dream widens the scope of our self-awareness which, during the daytime, is restricted by compulsive focusing on emergencies, action, and defense. Self-alienation is temporarily lessened. The dream becomes a door to the larger self. It has access to aspects of our selves, neurotic as well as healthy, which we are rejecting or repressing.

With progress in therapy, the dreams of the alienated patient who appears emotionally dead often begin to reveal surprising aliveness and depth, passionate longings, strong feelings of loss and sadness, and conflict between moving into life and resignation. They may confront him with his emotional deadness, his unlived life, as in Ingmar Bergman's "Wild Strawberries," with the neglect of the growth of his real self, which may be symbolized by a plant that needs water, a kitten that needs shelter, a baby that needs food.

On the other hand, early in therapy— earlier than memories or free associations which here are often sparse— dreams reconnect the alienated patient, who is disconnected from his past and his roots, with his childhood when his feelings were more spontaneous and genuine, with his adolescence when he faced the conflicts of growing up, with times in his life when he was closer to his real self, when his heart was alive, and when he took a stand for himself. The past here enters the dream as a symbol of the potential present, as a symbol of the dreamer's own spontaneity, genuineness, and capacity for commitment. Originating in himself, such dreams often convince the patient that there is more strength, more courage, more "self" available in him than he was aware of.

Dreams may help him to move from alienation and self-rejection to genuine self-acceptance: acceptance of the self with its human limitations but with awareness of the potentiality as well as the responsibility for further growth. The patient may experience in a dream a new feeling of love and responsibilty for a growing child that resembles him. Or he may meet and accept a person who symbolizes an aspect of himself he had violently rejected before. A Jewish immigrant, proud of his successful Americanization, met in his dream a strange-looking Ghetto inmate who reminded him of his father and, after initial hesitation, welcomed him warmly. A girl who had left the South, rebelling against parents and home, in her dream saw herself, to her own surprise, welcome cordially a girl whose Southern drawl revealed her own identity.

Therapy often is seen in dreams first as a molding procedure, a threat, a humiliation, an invasion of privacy. The patient experiences himself as a passive object resenting and rejecting the procedure. Whatever has to be done, he feels, will be done *on* him, *to* him, *for* or *against* him by the therapist. An alienated patient, unable to experience an intimate sexual relationship, saw himself on an operating table, anaesthetized from the waist down. He felt nothing, but joined the surgeon in an intellectual discussion of the interesting operation. Later dreams reflect the patient more and more as an active partner in the analytic relationship. Medard Boss showed the lessening of alienation in a patient whose dreams first dealt only with inanimate objects, such as machines and cars. Then a plant ap-

peared, and only much later, after many animals had entered the dreams, the first human being was encountered.[18] I have seen the dreaming pattern in alienated patients change from dreams in which the dreamer himself is not seen, except perhaps in the symbol of a statue, a skeleton, or brain, to dreams in which the patient often appears, first, as a detached onlooker. Later, when the ice-wall of alienation is slowly beginning to melt, violent "split-image" dreams may occur, which show symbols of the emerging larger self in violent struggle with the old neurotic self, which often is idealized.[19] Such dreams, if they are experientially "owned" by the patient, often are accompanied by that feeling of explosive rage and the sudden eruption of the long repressed hunger for life that Camus shows in the final crisis of *The Stranger:* "I started yelling at the top of my voice. I hurled insults. . . . It was as if that great rush of anger had washed me clean—I felt ready to start life all over again." Total emotional involvement in rage and conflict often precedes acceptance of self.

This explains why, when the alienated patient first begins to "relate," there often are violent outbursts of rage. The therapist has to take hostility and contempt until the patient realizes that he has externalized his self-contempt onto the therapist.

An alienated patient whose key childhood memory was waiting in the rain for mother, in his first dream misses the boat—of life. Later dreams show him turning his back on life, running away from home where his parents are fighting, to follow his dog on a lonely road through the woods; living underground in a cellar, absorbed in monotonous, meaningless labor, trying to repair broken clocks (time has stopped for him), while upstairs in the daylight his wife, his life, are waiting.

In a subsequent dream he is attracted to a warm, giving woman, but feels, "If I let myself be touched by her, I will get so involved that I will lose myself." Relating closely often contains for the alienated patient the threat of losing his weak identity. This is a fear that, in its greatest intensity, I occasionally have found expressed in fear of orgasm; emotional surrender, giving up control, here is experienced, as *"la petite mort,"* the small death.

Finally, the patient is shocked by a dream in which he sees himself actually touched by the therapist without being aware of it, an experience which he had fought but secretly wanted. Toward the end of his analysis, this patient said: "What helped me? Not so much your interpretations. It was the process of getting in touch, being touched by you, very much against my will, touching you, which I first did not like, and often disagreeing with you, during which I began to feel my own identity."

HEALING THROUGH MEETING

In such a patient, who is frightened of contact and longing for contact at the same time, the usual psychoanalytic technique often results only in a series of negative therapeutic reactions because for a long time the maintenance of the alienation appears to the patient as the only way to survive as an individual. Healing—to use Hans Trueb's words—here occurs mainly through meeting. But not just any meeting will be healing. The patient will misuse the relationship and the therapist for the satisfaction of his neurotic needs for love, for power, or for uniqueness. Only very slowly will the relationship change from what Martin Buber calls an "I-It" relationship to a truly mutual "I-Thou" relationship.

The therapist must have achieved in his analysis a lessening of his own alien-

ation, which often is hidden behind a professional pseudo-identity. He must have gained a high tolerance for anxiety and hostility in the patient and in himself, an immunity against getting seduced by and neurotically involved with the patient. The authoritarian therapist fosters the development of a passive-rebellious pseudo-identity. The over-protective therapist fosters a weak, unconsciously still symbiotic pseudo-identity. The detached therapist often has the "meeting" with the patient so far out in the all that the boundaries between the self of the patient, the self of the therapist, and the cosmos become blurred. Here the patient has little chance to lessen his alienation and to gain true personal and sexual identity. Such a therapist, who himself is often afraid of a truly close and mutual relationship, deprives the patient of the experience of a genuine person-to-person meeting, which alone has the power of healing. Required is a truly mutual bipolar relationship. No "I" can develop without encountering a clearly defined, solid, but warm and spontaneous "Thou" in the therapist.

In the words of Buber, who wrote a beautiful introduction to Trueb's *Healing Through Meeting:*

> *"If the psychotherapist is satisfied to 'analyze' the patient . . . at best he may help a soul which is diffused and poor in structure to collect and order itself to some extent. But the real matter, the regeneration of an atrophied personal center will not be achieved . . . This can only be attained in the person-to-person attitude of a partner."*[20]

SUMMARY

1. Self-alienation originates in an early childhood situation which deprives the child of the vital experience of feeling genuinely accepted as an individual. (Lack of physical and emotional closeness, symbiotic parent-child relationships, over-expectations of compulsively ambitious parents). Basic anxiety fosters compulsive needs for safety which deflect the development of the child from spontaneity, self-expression, and self-realization to self-rejection, self-elimination, and escape into the fantasy of self-idealization. Cultural factors reinforce trends toward self-alienation.

2. Self-alienation is a result of the neurotic process. Simultaneously, however, by providing self-anesthesia and self-elimination, it becomes a dynamic and comprehensive unconscious attempt to avoid disturbing self-awareness, anxiety, and interpersonal and intrapsychic conflict.

3. Active alienation from the self, unconscious rejection of personal and sexual identity, and the wish to be the other—the ideal self—are basic aspects of the neurotic personality of our time. They foster self-destructive masochistic and homosexual trends and compulsive symbiotic relationships.

4. To help the alienated patient, psychoanalysis has to outgrow alienated concepts of personality and alienating techniques in therapy. The basic change from alienation and self-rejection to self-acceptance and self-realization requires steadily growing self-awareness gained in emotional experience and emotional insight.

5. Dreams occur during a period of lessened self-alienation and become, therefore, an important mobilizing force in the therapy of the alienated patient. They move him closer to his real self and reconnect him with the vital roots in his past and with the constructive potential he will strive to realize in the future.

6. Therapeutic goals are genuine acceptance of self and others, growing autonomy, a stronger sense of personal and sexual identity, and commitment to

further self-realization. The main therapeutic factor is the new creative experience of acceptance and "meeting" in a warm, truly mutual, trusting doctor-patient relationship.

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ALIENATION AND THE SECRET SELF

SOME THERAPEUTIC CONSIDERATIONS

Marianne H. Eckardt

I SAT DOWN TO write this paper long after having established the title. I looked at the title and didn't quite like it. It was the word "alienation" that seemed alien, not quite mine. It had too much the sound of classification, of describing a pathology. It occurred to me that a title like "The Absurd World and the Secret Self" would have been more appropriate. I wished to indicate that it may not be absurd to think of the world as absurd, that we are dealing here with an existential problem and not only with what has been called a neurotic problem. It is a problem of our time and I agree that we, as therapists, are being called upon for help.

I have no objections to the word "alienation" apart from these inflections. It describes well the core problem, which is not that the person is alien to the world, but that the world seems alien to the person. Our source material describing the world of the alienated is particularly rich. We have, of course, the material presented by our patients, although this, as I will show, has to be gathered with a special awareness of their mode of presentation. We also have a particularly rich literature which gives us glimpses of the world of the detached from inside out, a literature which, I feel, tells us more about the detached than any psychiatric textbook ever will. *The Stranger*

by Albert Camus, *The Immoralist* by Adré Gide, *Notes from the Underground* by Dostoevsky, and *The Trial* and *The Castle* by Franz Kafka are just a few of the outstanding examples. With all their differences there is a common thread that tells of the apartness of the individual world and that of the outside. It is the world at large that makes no sense. It is the world outside that seems not to be able to understand a simple, straightforward sentence. Prejudice and preconceived notions bar the way.

I have to restrain myself from giving you innumerable wonderful quotations from these authors who depict aspects of the detached person so well. In *The Stranger*, Camus describes the hopelessness of communicating even in the simplest kind of conversation, and the narrator's distaste for the absurdities of the world. In Dostoevsky's early essay, *Notes from the Underground*, the underground man, who wants no part of the life he sees, says: "The long and the short of it is, gentlemen, that it is better to do nothing! Better conscious inertia! And so hurrah for the underground! Though I have said that I envy the normal man to the last drop of bile, yet I should not care to be in his place such as he is now (though I shall not cease envying him). No, no; anyway the underground life is more advantageous.

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There at any rate one can . . . Oh, but even now I am lying because I know myself that it is not underground that is better, but something different, quite different, for which I am thirsting, but which I cannot find. Damn underground!"[1]

You may rightly object to my using this quotation in illustration by pointing out that people who speak such lines are no longer alienated. They talk, and talk well about what they feel. They have a point of view, they take a stand, even if it is a negative one. This is not characteristic of the alienated person we see in the office.

However, the characters depicted in the novels I have mentioned were civil servants, drifting along with a meaningless, conventional life until they emerged. Dostoevsky lets his underground man say: "Though we may sit forty years underground without speaking, when we do come out into the light of day and break out we talk and talk and talk."

They are the alienated in rebellion and thus what they say does reflect what already slumbered in them before. It gives expression to an attitude about the world which, in a silent way, we invariably find in our patients, an attitude that sees the world as not belonging to them, a world they accidentally find themselves in, a world in which they superficially play the game that seems to be played, although it has no meaning.

Kafka's characters, in contrast, describe the symptomatology of the alienated with special emphasis on the torturing, but always nebulous sense of guilt, self-doubt, and the hopeless, vacuous search for identity, waiting for "them"—the anonymous "them"—to give the answer.

I wish to discuss some therapeutic considerations in treating the detached person. A therapeutic consideration, however, becomes meaningful only in the specific context of the patient's being. Thus, I will first aim to sketch for you the picture I see of some characteristics of the alienated person, as that picture is the basis for my discussion of therapy.

Let me start with an excerpt from a book review brought to me by a patient whom I had chided for staying within her well-defined fences and for making no effort to move out. She said: "This is me." The book is *The Pattern of Perfection* by Nancy Hale. The reviewer is Shirley Ann Grau.[2] The marked paragraph read: "If there is a central theme to these stories, it is the inviolable loneliness of the individual. Each character is incased in a shell from which he makes frightened little scurried excursions, like a hermit crab. These pathetic attempts to find someone or something else are always futile. And afterwards there is the terrible question, here in the words of the narrator of 'Rich People': 'Where is my life?' "

Treatment of detached people is difficult. The analysis is likely to drift into years, and failures are not uncommon. My interest definitely arose out of such failures and out of the challenge of slow progress. On the whole, such patients are not acutely disturbed persons, except when they feel caught in a dilemma into which they have drifted with their eyes closed. The dilemma suddenly calls for action, for a position, and they have none. So they feel pressed and lost. However, the moment the immediacy of the pressing dilemma is over, they become again complacent. They are, in a way, not disturbed enough and, subjectively, I often wish to shake them into awareness, stir them up, put fire under their seats. Don't worry. I do not act on these images.

Mainly because it would be useless. The patient would just wonder why I am exercising myself so much. I am just giving you these subjective reactions to indicate the therapist's experience of something inert and immobile. The outward façade of these people may be conventional. Whatever they seem to be engaged in—their jobs or their families—is something they drifted into, rather than a self-designed, planned course. Events move them; they do not create events. There is a goallessness that strikes one as odd, but it seems even stranger that this goallessness does not disturb them as a challenge, as calling for a belated evaluation and that at least asks the question: "What do I want?" There seems to be an emptiness where the core of life should be. There is an absence of images which usually define our ambitions and goals. People and life are regarded without the context of a larger, meaningful framework, and thus they are left with reactions to details divorced from whatever gives them significance. They are passive observers and never consider themselves part of the act. They look at life as at a one-way screen through which they can see and hear, and believe themselves not seen or heard. They see other people and their field of action, but are unaware that they may be a center of a field themselves which has repercussions on others. It is easy to pursue with them a conversation about matters outside themselves, like ideas, plays, and other people. But the moment the conversation turns to their attitudes, it becomes difficult. If I start a conversation with a questioning remark like, "You talk with reluctance today," they are likely to respond, "You seem displeased," or with a bland negation. If I chide them for their often blatant non-co-operation, they are aware of my an-

noyance, but completely divorce it from its source, namely, themselves. They seem to fence. The simplest statement seems misunderstood—that is, if it concerns them. A word is picked up at the periphery and taken out of context. I find myself repeating, "What I meant to say was . . ." and by the third try I give up in the middle of the sentence, realizing the hopelessness of making my point in what by this time is an argumentative setting, and realizing the pointlessness of talking to a person who does not want to listen or hear. They are the kind of patient whom you like to ask every third hour, "Why are you here? What is the purpose? What do you wish to change?" It is their bland, passive coming that prompts these questions. One seems expected to provide purpose and goal and, certainly, one seems to carry all responsibility. Other patients try to evaluate what they are saying. If they just chatter apparent irrelevancies, they will comment on this fact. Not the more detached patients. They can stay with seemingly pointless talk without batting an eyelash. They do not quite understand one's dissatisfaction. After all, they were saying what came to their mind. It is an analysis with an absent partner, although his body lies on the couch.

These persons lack any distinct sense of identity. They are aware of this, but they still seem to expect that the identity be given to them from without. A man of middle age, adrift without content to his life, explained that his father had wanted him to be a business man and his mother had wanted him to be an artist. He did not know what he should be. He was still looking for the answer, still in terms of mother's or father's wishes, and he was unaware that the problem then and now was really his lack of self-determination.

Erik Erikson, in his very stimulating

book on *Identity and the Life Cycle*, describes identity in terms of configuration, as a way of organizing experiences, as a structure.[3] Identity has to do with self-images that assign to one a certain role and often define one's relationship to one's fellow man.

Our detached patients are particularly lacking in any conceptualization of a structure of their life which defines their own functioning within this framework. They do have reactions. They react to details of other peoples' behavior, they react to physical characteristics out of context. A father reacts with constant, acute irritability to his daughter's habit of talking too fast and slurring words. He blames the mother for this habit. It never occurs to him that the fact that he listens only to her mannerisms and never to the content may aggravate her feeling ill-at-ease. As details are easily seen and experienced out of context they are often given a life of their own. People take on symbolic meaning and the more common-sense reality is disregarded. An extremely rootless woman, a highly intelligent college graduate, who had drifted in and out of innumerable relationships went north on her vacation and returned married to a gardener, who had worked on the estate she had visited. She was attracted to his earth-bound-ness, to his being at one with the trees and the soil. He loved the out of doors and this is where he was at home. This rootedness was what she wanted. They had no interests in common. He had no high-school education and no intellectual interests. The marriage might have made some sense if she had stayed there, playing farm wife for a while. But no, she took him off his soil, brought him south into the city, and sent him to high school. There was no common ground with her friends. She withdrew from them. He

lost what he had been. He alternated between depression and sulkiness and developed a habit of holding his penis, as if to protect it from complete castration. She finally sought help. Her attraction to him had been genuine. Her initial relationship with him had given her a sense of fulfillment and belonging that she had never felt before. He became the symbol for this experience, a symbol she thought she could hold forever, forgetting that he was what he was only because he lived the life he was made for.

Up to now, I have given you essentially a description of the symptomatology of the detached. In all its variety it has a common denominator. There is a seeming absence of that part of the self that alone can give purpose, meaning, and a context to life. This meaninglessness, however, seems to be actively enforced by an intended central scotoma. It is not too difficult to trace the origin of this active force. All of these individuals had a particular vivid experience of noncommunication. What they thought or felt was completely their own and neither understood nor wanted by the outside world. The relationships that existed were characterized by a role assigned to them which they played or battled against, a role that had relevance only to the world image of the one who assigned it. The patient was just a pawn.

The relationships are by no means always bad (to use a colloquial term). A role such as being mother's companion not only had its seductive aspects but also gave the patient a feeling of intimate knowledge of her. But the relationship was always restricted to the other person's territory. These patients are usually able to recall conscious experiences of this state of isolation and of the feeling that this is the way things are. One patient grew up

being the neutral body between parents bound to each other in hatred. Both talked at her without talking to her. The mother particularly had the ability to talk and talk, requiring no more than an occasional grunt for response. The patient adopted the habit of not listening. There was no point to listening. Her responses were not asked for, nor was she interested in the boring petty accounts, whining complaints, chronic resentments, and accounts of physical ailments that made up the bulk of her mother's stream of talk. She became a passive listener whose ears were closed. With this patient, this mode of nonrelating carried over into her later life and certainly into analysis. Another patient, a voracious early reader, considers the library, the literary world, his domain of meaning, but it was one he could not share with others. He is able to remember an incredible wealth of poetry, while his memory of personal relationships is meager and lacks detail. He wrote some poetry in his late 'teens and early twenties. He felt they expressed what he wished to convey, but he destroyed them all. He did not wish to write for the public. Being very brilliant and very knowledgeable, he had very little tolerance for the stupidities of the world, for half-baked opinions and uninformed discussions. He felt that a man of sense could only live and tolerate the world if he were half asleep. This same patient said that he tried to keep his attention on peripheral objects as direct focussing would be too painful.

Another patient, who finds enjoyment in painting, uses colors to express this same means of distancing. She stays with grey and avoids color, although dreams show that color has much meaning to her. She dreamed a vague, abstract dream; it contained the word "monochromatic" which she vaguely associated with her mother. Monochromes, she commented, are many colors, yet blended in one. Mother, she said, has colors yet her over-all hue blends into a brown. This patient's intent in analysis is to analyze away all her "immature" reactions, her anger, and her undue irritations. It becomes quite clear that maturity in her mind stands for grey, non-involvement, not to be seen. In all of these reactions there is what I call intent. The intent is not to listen, not to focus, not to be involved. One does not, of course, get a clear expression of this intent of detaching until one knows the patient quite well. First, one only sees the effects and hears complaints about them. Such patients complain about the meaninglessness of their life, of boredom, of being in a fog, etc. They worry about other people's opinions and their anxiety at displeasing. There is a subtle element of phoniness about their concern for other people's opinion and a phoniness in their analysis of their reactions, if they are the analyzing kind. The therapist is easily misled into scattering his interpretations and sooner or later will feel caught in the fog or in the diffusion. The problem is how to get relevant material that lies below this facade. These patients do have what one might call a secret self, which is not likely to come into direct expression. But it is there and does find indirect expression. While these patients may not consciously be aware of feeling anything in particular, they suddenly may remember a song, a line of a poem, or a moment in a drama. And these references are always packed with meaning.

A few examples: A patient was kept awake one night with hay fever without minding the wakefulness. A line from a poem kept repeating itself as though a button had been pushed on a machine. The patient at first paid little

attention, but finally he focused on it. The line was: "A timely utterance gave that thought relief." Only after concentrating on it did he remember the line before, and then the line prior to this. Then the rest of the poem recreated itself. It was William Wordsworth's "Intimations of Immortality." The patient tells me that the poem speaks of the glory that is the child's when born, how shades of the prison house begin to close upon the growing boy, and how he becomes a clod (the patient's word). The poem begins:

> There was a time when meadow, grove
> and stream,
> The earth, and every common sight,
> To me did seem
> Appareled in celestial light,
> The glory and the freshness of a dream.
> It is not now as it hath been of yore;—
> Turn wheresoe'er I may,
> By night or day,
> The things which I have seen I now
> can see no more.

The first lines of the third verse were the ones the patient recalled:

> Now, while the birds thus sing a joyous
> song,
> And while the young lambs bound
> As to the tabor's sound,
> To me alone there came a thought of
> grief;
> A timely utterance gave that thought
> relief,
> And I again am strong . . .

While talking with me, looking out of the window, another verse occurred to him. It contained the words, "The white sails flying with unbroken wings." He had recalled this poem once before, but he does not remember having been as sharply aware of the words "unbroken wings," like an affirmation. This association helped to confirm the fact that the first poem was recalled out of a mood of relief and of feeling strong again. My point here is not to emphasize that remembered poems are important, but that literary references may be the only way a patient has to express himself.

Another patient found himself singing a part of a ballad as he left my office. He had expressed very little during the hour. In fact he had a terrible time knowing what he felt. The ballad goes:

> If she had been the girl she should have
> He might have been raising a song
> Instead out there on the prairie
> to die by the ranger's gun.

This fitted the patient perfectly. He lived out his feeling of being cheated by mother and wife and finding solace in the image of the starved. I have read many a book brought in by patients which had meaning to them and have found this immensely helpful. These patients can talk better about other persons who are like them than about themselves. For instance, they will suddenly get very impatient with another person's habit of kidding himself. They might even tell him off in a sudden fit of rage and say with preciseness all the things that, in a charitable way, I might well have wished to tell the patient myself. There is an astounding relevance in these vignettes about other people. The patients' façade of nonconcern seems to break down when they are confronted with mirror images of themselves.

I have drawn this rather sketchy image in order to clarify some of the therapeutic difficulties encountered. The "how" in therapy cannot be resolved by a set of rules. It has to be approached by a formulation of the problem, by a vision of alternative approaches and their effect on the patient. Our first task is understanding. Here the obstacles begin. The material we get is bland and meager. It emphasizes not-thereness, a

seeming emptiness. We here diffuse concerns about other people's opinions. We get vague self-reproaches about not being an adequate father or husband or executive, but without specific reference and without immediate relationship to actual occurrences. The first danger is to underestimate the person. The detached person can be likened to an iceberg; a small, meager portion is apparent, while the larger portions of his being, of his acute perceptiveness, and of his feelings stay out of sight. The analyst observing shallowness, a vacuous pompousness, or a subtle dissembling quality about everything that is being said, may easily become apprehensive about the possibility of a schizoid undertow and approach the patient with the caution accorded the lid on a pressure cooker. The group of people I am talking about—and I realize that I have drawn my own circle—are not made of delicate china. They have episodes of acute disturbance when life suddenly confronts them with unexpected dilemmas, but they are by no means disorganized. They react amazingly well to direct challenges, in fact, at times with an element of amused pleasure at having been spotted in whatever they were doing. The danger of being taken in by their seeming shallow façade lies in not being alert enough to the fact that superficial comments have the function of red herrings, namely, to distract.

The remarks are like bones thrown to a dog, so the person can move on, unmolested. The patients often give an interpretation of an event, rather than the event itself. Here the simple art of questioning is vitally important. The detailed account of an event with the patient's immediate reactions may be very revealing and it is often quite different from the impressions gained from the initial remarks of the patient.

The patients are used to pulling wool over everyone's eyes, including their own, and they unfortunately will not rebel when the analyst falls for it.

The second danger lies in a one-sided and too enthusiastic tackling of the so-called defensive structure. My considerations are the following: These patients rarely come to analysis in order to come to life. They come because they drifted into a jam. They like things to be smoothed out. They are eager to perfect their front. The features of dependency and conformity have to be taken with a grain of salt. Their façade is designed to be left alone. Their anxiety not to displease is mainly part of their wishing to blend in, so that they be not involved. They take to such discussions as dependency with eagerness and co-operate with observations. They do nothing, however, except to agree with you that we surely have to get to the bottom of this.

There is another considerable danger: These people do not have any sense of identity. They really are not in touch with themselves. They feel oppressed by their sense of failure. An analysis of their façade behavior will mainly substantiate their opinion of themselves without giving them access to their more hidden self. Our efforts have to be directed at obtaining glimpses of this other self. I have already mentioned the type of information to watch for. Let me restate the point made. As the direct "I" experience is mostly befogged or obscured, life is experienced mainly on what is called a projected plane. I have strong objections to this term. It does not do justice to this important, vital, and by all means normal mode of perceiving and interacting with the world. The Rohrschach test is based on this function and has given us a rich appreciation of this mode of functioning. One of the more sensitive and re-

vealing accounts of this projected mode of experiencing oneself in others or in a percept seen can be found in an article by Ernest G. Schachtel.[4] It emphasizes the empathetic, creative aspect of this function. In detached patients particular attention has to be paid to observations made about others, about books, drama, and poetry that is meaningful. Any past or present productions of the patient himself should be treasured in careful attention. Adolescent poems or short stories, even if not of literary value, may give the therapist a clearer glimpse of a part of the patient's life than he may be able to learn from months of associations.

Dreams are invaluable. They may be the only fertile spot in a sandy desert. Dreams often are amazing in their vivid presentation of what the patient is doing and how he sees himself, and show insight that is uncanny. As a therapist you have to learn how to live with constant contradictions in these patients. The inner insight is opposed to outer noncomprehending blandness, the drifting to an inner intent, the outer uncreativeness to a core of creative ability, the outer catering to an untouchability, and a blandness to an inner intensity. However, the obstacles are not overcome once one has managed to have a fuller grasp of the patient and once the patient has greater access to his feelings. Even now insight is followed less by action than in other types of patients. They are observers and easily get stuck in their observations. While they may have gained access to their feelings, they still wait for their feelings to determine their outside action. There is an absence of a self-determined framework of living. There is a difficulty in looking ahead, a difficulty in long-range planning around a desirable goal that would provide life with a meaningful discipline that carries the person past the lulls in existence. As a therapist, one has to be aware of this trap of lack of planning. Usually these people are very good once they determine a course of action. They had avoided structuring their life in order to live in the underground. We cannot live creatively without some self-design. This the therapist has to know. For, otherwise, good work will go for nought, and the patient will continue to drift, although with greater self-awareness.

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REGAINING IDENTITY THROUGH RELATEDNESS

Antonia Wenkart

Our symposium on "Alienation and the Search for Identity" encompasses not only the whole range of mental illness, but the all-pervasive tragedy of man, especially present-day man. "Each turbid turn of the world," cries Rilke, "has such disinherited children"[1]—such alienated people who have lost their identity. I should like to point the way the therapist can help the patient regain his lost identity.

By identity I mean the self in the process of living and acting, the natural fruition of growth, not growth itself or the essence or the real self. What is self? How is self experienced? Buber asks poetically, "What is it when I say I?" Herbert Read[2] says, "one's immediate sense of oneself stems from self-identity." Erikson[3] believes that "ego identity in its subjective aspects is awareness that there is a sameness and continuity to the ego's synthesizing methods and that these methods are effective in safeguarding the sameness and continuity of one's meaning for others." The self and identity affect each other.

The inner experience of I is built up and maintained on the basis of sameness within and without the individual. Throughout life there persists a feeling of continuity. It is my joy, my pain, because it always refers to the same I who went through it.

Despite the variety and disparity of experience, the I maintains its coherence, permanence, and stability. The inner experience of being set off as an individual identity, over against others, is predicated on the feeling of difference within and without, as contrasted with the self's perception of others.

Mental illness may be said to be alienation from this self. Therapy is directed toward determining how the individual became alienated from himself and which elements and links in his existence are missing, disconnected, or broken. Therapy points the way toward retracing the lost connection, mending and restoring the original substance that has been segmented and fractured by the impact of the individual's sense of failure.

A major part of the patient's sense of failure is his loss of dignity and privacy. Dignity is the spine of inner identity. Dignity, importance, meaningfulness—felt, implied, and conveyed—are relevant to and connected with the enjoyment of a sense of privacy. It is the basic importance of an individual, an importance that carries the weight of one's worth into the world. Self-respect is a reactive attitude, but dignity is the primary feeling.

Privacy is the inner sanctum, the dwelling place of the self. It is not to be encroached upon or invaded. It is reserved for the singularity of one's

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own uniqueness. Privacy is the inalienable right to one's own existence. It is not synonymous with secretiveness but becomes a feeling in which one can dwell and rest. Privacy does not mean surrounding one's dwelling place with fences to ward off intrusions or prevent exposure to disgrace, or even to revel in triumphs. One has to be in possession of this dwelling place to claim exclusive rights to it, learn to protect and defend it, to refuse to betray the intimacy, and never to pawn or pay, never to bargain or buy with this priceless possession.

Privacy can be put to the service of conformity and rebellion by the alienated person, making him abdicate his royal right to his unique self. At times, the need for privacy is betrayed by the compulsion to divulge, to reveal, not for the sake of communication, exchange or confidence, but to rid oneself of bulk and ballast, the weight of possessions one has fraudulently come by, of treasures squandered out of the belief that one does not own them. How often do we hear patients complain: "I felt a phony because I withheld the information," as though they felt compelled to discharge the contents of themselves without reserve. Thus, the alienated person is a spendthrift, wasteful of his possession. He has to disclaim ownership of them so that the responsibility of holding them in private does not burden his flattened heart.

The capacity to maintain privacy means being oneself for the sake of oneself, with the freedom to choose to communicate with others or to abstain from it. Moreover, it is the realm where one is an enigma to oneself as well as to others. This is the miracle of existence, creation beyond comprehension, experience uncompelled by expression. It is in privacy that we can feel the uncommunicable intimations of an ap-proaching encounter, or the echoes of a past one, the budding and residue of all experiences never to be shared although lending themselves to transcendence in togetherness and mutuality.

Innate privacy has been circumscribed in systematic psychiatry by borderlines to indicate that the person's uniqueness and singularity are set off against the otherness, diversity, and plurality of other human beings. While these borderlines demarcate the structural contours, they do not point toward the significance and content of the identity. Out of innate privacy grows the feeling of identity.

The inner space and content of identity is the homestead of the person's unshakeable self. The image of one's body and the tactile knowledge of its limit, as well as the experience of its structural organization, contribute toward the creation of the body vision. This body-image corresponds to one's *Lebensraum*, the symbolic space one takes up in the world, one's share of external geography. The sense of one's body is projected into the space outside. The body-image influences the experience of spatiality. These two mutually condition each other. Body-image is the beginning of one's being in the world, relating and connecting the self to the world.

In alienation the homestead is razed. Alienation is a no man's land. Some patients are adrift, some are homeless, and some find themselves nowhere.

This feeling of homelessness, uprootedness, and disconnectedness is expressed by many patients when they claim they had no example, that things were not explained to them. They expect to grow in experience through information, rather than out of the tradition and background in which they were imbedded. They know only the

negative freedom from commitment. Their choices are derived from stealthy glances at a haphazard configuration of accidentals, never from the central forces of individual opportunities developed in context. They feel they were never initiated into life.

Such alienated persons have decreased the world of their individual experience into one of recorded data. They live in the implicit conviction that one can devise conclusions solely from facts. In the process of repair, the therapist has to facilitate connections and bring about a more thorough involvement in living so that his patient can make the transition from the trite to the true, from the partial to the potential.

The sense of identity is lost to the alienated individual who has substituted logical requirements for the full representation of himself.

The alienated person is an ascetic who has denuded himself of cumbersome conventions in order to maintain himself within the uncompromising truth, the unalterable facts. However, to live normally, we need the buffers of convention to protect our privacy against impact, intrusion, and violation of daily routine.

Some alienated individuals are very honest observers. They see things and situations without embellishment, simply, clearly, and honestly. As they perceive subjective involvement as an entanglement, they throw this burden off and achieve objective clarity out of confusion. In this denuded primitivity every memory or reflection is excluded, previous experience or premeditation absent. Everything in this area is pure perception or pure concept.

This degree of present-ness constitutes a special problem. The patient believes that this little segment of unadulterated stark reality is the only truth. Just as the individual is disconnected from his inner core, so are these observations disconnected from the whole experience. For the therapist they represent a problem, inasmuch as they cannot be contested. They can only be muted and blended into the proper perspective and thus connected with the patient's total experience.

There are individuals who perceive themselves primarily not as I the person, but I the relationship. So stringent and cohesive is their so-called relatedness with another person that their own identity is blurred. Symbiosis points to the dynamics of two identities grown together.

A particular kind of loss of identity and alienation can be seen in some homosexuals. Removed from himself, this homosexual seems to exist only in his homosexual partner. His identity is located, lodged within the other individual and, what is more, he suffers from a constriction in his ability to experience. He favors only the conceptual and the corporeal physical dimension. The other, the emotional or spiritual dimension, seems obliterated. He remains an anonymity to himself. No wonder that, with a remnant of his desire to live, he feels irresistably drawn to his partner, as if the other were the keeper of his own identity.[4]

Shifting identity and various aliases are assumed by patients who change under the influence of others. Those individuals have evanescent borderlines to their individuality. They borrow their camouflaging cloak of semblance from others, as a relating link to others. Their efforts to conform, rather than to relate, are attached to the peripheral changes in the form, the outlines, of one's identity, while the central core remains the same, ever desirous of contact and eager to feel related. However, even those superficial changes of identity rob the patient of the freedom

to be himself, to be different from others. They condition him to a spurious sameness.

Another form of alienated identity is the incognito of the person who tries to escape the onslaught of his self-hate. While some alienated individuals preserve an innocent and naïve simplicity and integrity with which they can observe themselves, they stand outside of themselves as if they were strangers. However, the alienated patient with incognito identity is not so far away from himself and seems even consciously to be linked with his integrating and evaluating determination, he uses this determination as if he tried to meddle with the very core of his own identity.

In contrast to identity itself, identification is the outer reflection of oneself in relationship to places, groups, and single individuals, etc. By comparison and contrast and evaluation of real or imagined assets, the reflected self tries to arrive at a consistent image.

Thus the area of identification is a danger zone. Here are the greatest possibilities for distortion, misrepresentation, and abuse. Although every healthy bond ever perceived by an individual— be it with his country, church, or school —strengthens the feeling of belonging, the feeling of being an active participant in his own existence, in alienation only the insignia of connectedness remain to indicate a broken bond. The key of the fraternity is kept but the lock has been lost long ago.

The degree and significance of a person's identifications will depend on how well his identity has been established and how much of his integrative power is in operation. Is the identification used to strengthen the feelings of belonging to a family, a group of people, a place, or a religion? Is the identification an authentic link relating to others? Is identification used for a con-

cerned involvement in progress or change, in a cause?

Modern man on his way to conformity is cornered by the relentlessness of routine. His creativity and ingenuity are ground to the powder of triteness. How much of himself is left from the struggle of inner and outer coercion?

Identification is not synonymous with relationship. It can be mistaken for a relationship or used instead, thereby distracting from real identity, blurring the sense of one's own identity, and even wiping out an identity that has been established. In this sense, identifying means taking on selective aspects of a group of people, whether or not one has their qualities or attributes. This identification amounts to usurping the incidental, rather than possessing the essential. In its turn, identification can be merely superficial, perfunctory, or a sheer pretext.

Rubbing shoulders is not genuine identification. It is not enough to join a club for the status acquired by membership. One can tamper with identification, but one cannot touch identity.

In the play *The Balcony*, the question of identity is treated ingeniously, if not beautifully. The balcony is affixed to a home, it is not in the home. It is the brothel of authenticity. In the play the judge is a judge only by virtue of his robe, the bishop a priest only through his vestments. The judge owes his position to the law-breakers, the bishop to the sinners. The innate characteristic of his calling, the quality of devotion, is missing. His identity is attached to the surface appearance, to his function, to the social assignment. In the play everything and everybody remains on the balcony of his existence, never entering the homestead of true identity.

What helps an individual to know that he is himself? What goes into the

uniqueness and separateness of identity, as contrasted with identification? The I that I am is the essential self. The I who carries weight into the world, who counts and can contribute, is the identifying-reflecting self. It is not my identify; I can only integrate my reflecting self through the experience of my inward I as I respond to the impressions gained from the reactions and responses of others.

To restore to the alienated patient the sense of his essential I, the therapist undertakes to trace every possible avenue that leads to the core of the selfhood, and renew or establish every possible contact and connection that will rebuild and strengthen the uprightness of his identity.

The alienated individual has lost his identity in one place but not in another, is disconnected in one way but not in another. A patient may suffer from confusion. He may cry out in bewilderment, "Who am I? I don't know who I am!" His identity is dispersed, but there are bits and pieces of himself here and there.

In such a case, regaining identity demands gathering all the evidence of himself as an active agent in any manner, shape or form, in any place, at any time. To assist in the recovery of this evidence, the therapist must also be alert to any rootlet still existing that relates the patient to his past—to his geographical place of origin, to his relatives and friends, to old traditions. For one of the major symptoms of alienation is the subjective feeling of uprootedness, not belonging to a place, of not having any connection with a land. The feeling of being anchored develops in childhood. We are born with a sense of orientation and curiosity. The connections with a place are established through events experienced in this place. Wholesome penetration and ap-

propriation of the spirit of the place creates rootedness. And rootedness parallels the feeling of self-identity.

The first impressions of a place, of one's native land, create a strong affiliation with that geographical spot, its physical climate and features and character, making for a feeling of security by virtue of having a homeland.

The greatest incentive in the search for identity is nostalgia—nostalgia for the place of one's youth. It is far more than becoming aware of suppressed memories. It is the connecting link lost in the past, the relevance of continuity starting from the place of origin.

Patients report many dreams about a certain place they never have seen but which they long for, somewhere close by and yet untrodden. The same feeling may be experienced about an opportunity one has missed, the fact that one did not become involved but withdrew and cut himself off.

Many languages have one term connoting rootedness, the feeling of belonging, familiarity, and love toward a native land. The German word *Heimat* conveys all these qualities. From *Heimat* is derived the term *unheimlich*, which means eerie, uncanny, peculiar. This kind of uprootedness is laden with foreboding, suggesting impending danger of an incomprehensible nature.

Unlike the individual who can enjoy the pleasure of privacy, this alienated person suffers from solitary confinement in eerie aloneness. Binswanger's "naked horror" is the horror of disconnectedness, the estrangement brought on by the frenzy and fear on the way to escape. The need for escape and alienation has its own momentum and its own autonomy. The world of escape is a world of mutes. The mother-tongue is lame and the language has vanished, destroying the last vestiges of relatedness and communication. What

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remains is sheer terror of unnamed things and foreboding doom.

The different points and levels of contact remaining are very important. They are the terminal platforms from which the fugitive can be reclaimed and returned to his own homestead.

Language is the homeland of communication, the most important connecting link with the world and with other human beings. We can enter the world of strangeness by moving from the symbolic, the general, the abstract, to the personal, the specific, the concrete.

When Frieda Fromm-Reichmann noticed a patient clenching her fist and stretching out one finger, she murmured sympathetically, "So alone." The therapist was gripped in the patient's inwardness. She did not entertain a description of the gesture as "bizarre," and let it stand between her and her patient. Nor did she dwell on the diagnosis of autism, although it is correct from the standpoint of clinical psychiatry. Instead, she sank into the immediacy of the strange world of her patient's speechless aloneness.

Binswanger describes the difficulty a schizophrenic patient has in finding words for his experience because his world is so novel, so altered, or even so disintegrated that he can no longer find holding points to which he can affix his language. It is unrelated and disconnected and lacking in coherence. Yet, as Fromm-Reichmann[5] points out, every expression of a patient is potentially meaningful and intelligible.

We know that communication is the most important link in relatedness. Here an over-all response of the therapist is infinitely more important than the interpretation. The response paves the way for relatedness. Through the relatedness established with the therapist the vital bridge is developed for the patient over which he is led back to life.

The patient has to contend with yet another problem. He is not only alone because he has lost his sense of identity, but he remains alone because he is afraid to identify with anything or anybody. He suffers the fear of invasion. He has lost his sense of privacy. He feels in danger of public notoriety regarding his thoughts and feelings. He did not learn how to buffer himself from the shocks of reality. It is through relatedness with the therapist that the fear of invasion gives way to new trust—a sense of rootedness in the patient.

The feeling of rootedness is connected with a sense of continuity and stability which stems from the established, central core of the individual self. Going over past events, constancy and stability are re-established. They help to experience time, the lapse of time, and build the foundations on which sequence and consequence follow each other.

Every alienated individual is dislodged from his immediate time. His desperate efforts to catch up with lost time, to remedy the misused span or prepare properly for the time to come —all this robs him of the chance to be here, to be fully here, to be completely engaged in and committed to now.

To a sick person the ebb and flow of time is greatly disturbed. He cannot see the development and passage of time. The sequences are disrupted and events torn out of context. Time spent has not been lived in. What is about to be seems finished. What is potential seems factual. Time is stagnant, immobile, fixed, impaling him on the spike of stasis.

This grave disturbance in the patient's sense of time can best be remedied within the therapeutic situation where one and the same time prevails

for both in an unhurried togetherness. Within this quiet hour, the apportioned now, both patient and therapist experience composure, although the fearful hurriedness may tear at their common bond. For a little while the breathlessly running patient is reminded that he too can let things be in the quietude of this place.

How can the patient, racing or stagnating, or both at once, be helped to return to his own time? In order to reconstitute roots for the patient in his time, and a sense of continuity, it is necessary for the therapist to put himself occasionally into the patient's time. This presupposes a degree of relaxation that allows things to unfold. In this situation there can be no premeditated conclusions, no quick calculations as to the possibility of interpretation which remove the therapist and prevent him from "collapse into immediacy," to use Hegel's term. Immediacy provides the

strongest bond of relatedness. The bond of time helps to create and spread the mood, the atmosphere in which both persons are immersed.

The mutual desire to find meaning sets the tone for serious inward searching. All those connecting links lead to the port of entry into the lost homestead of one's identity, into the patient's own selfhood.

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DISCUSSIONS

WALTER BONIME, M.D., New York:[*] I will focus my discussion on the psychodynamic and therapeutic aspects to which Dr. Eckardt and Dr. Weiss have addressed themselves in their papers.

I should like to explore a point that is made both by Dr. Eckardt and Dr. Weiss. Dr. Eckardt refers to "an intended central scotoma," and later, "the intent is not to listen, not to focus, not to be involved," and still later, "This intent of detaching . . ." Dr. Weiss says, "For a long time the maintaining of the alienation appears to the patient as the only way to survive." "*Intent of detaching,*" "maintaining of alienation"—these phrases infer an inter-

personal goal, an interpersonal process, and definite modes of activity.

What is involved in this process of maintaining alienation? It involves denial of what one has in common with another; a nullification of empathy, a snuffing out of spontaneous impulses to reach others. This denial of common experience is, I believe, the reason why Dr. Eckardt's patients become furious when confronted with those who are a mirror image. The recognition forces upon them a bond of common experience which they seek to obliterate from all relationships.

One of my detached patients, in trying to understand his relationship with me, said, "I don't have an emotional interchange with you. I ignore your presence, talk as if you weren't there. Last year after my first session in the fall, my wife asked me what you had done on vacation. It had never occurred to me to ask. It was some-

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how the machine coming back. That's what you were." The patient had erased all recognition of my ordinary humanity. This was his typical interpersonal activity.

The concept of alienation as an active form of interpersonal relating leads directly to the problem of the search for identity. The people who are the subject of this symposium gain their sense of identity through alienating activity. They achieve a sense of self, a sense of individuality, in the act of being unresponsive, often in the act of frustrating the attempts of others to reach them. They achieve their sense of self in the act of being elusive, superficial, hopeless, and unco-operative. Their functional effectiveness is threatened by any shift toward involvement in intimate, trusting, or co-operative practices. They must, therefore, constantly anesthetize themselves against those emotions which tend to force them into contacting kinds of activity.

In this self-anesthetization resides, I believe, the only useful meaning of the phrase "alienation from self." It appears to me unwarranted to reify conflicting impulses and to speak of them in interpersonal language as though there were two selves, one of them alienated from the other. The patient does not alienate himself from himself—he alienates himself from other human beings, and something happens to him in the process. Deprived of intimacy and of shared emotion, the patient has a sense of being a kind of creature different from human beings. He is painfully lonely and constantly stimulated by his contact with others to respond to them, to yearn for more humanly fulfilling activity, to be enraged at those who have the emotional experiences of which, through his own behavior, he is deprived. Dr. Eckardt refers to a "secret self" and Dr. Weiss refers to the existence "below the apparently insensitive surface . . . of a highly sensitive self . . . of strong longings and feelings of bitterness, frustration, and rage." Because these spontaneous but secretly experienced feelings propel him toward intimacy, toward collaborative, contacting, trusting activity, they threaten the identity that is derived exclusively from alienating activities. The feelings must be

obliterated, anesthetized. The patient does not fully experience them. What is referred to as "alienation from self" is the denial and suppression of emotions arising out of the loneliness that results from alienating others.

These considerations are at the heart of the question of genesis and the problems of therapy. With regard to genesis, I am completely in accord with the observation that both Dr. Eckardt and Dr. Weiss have made: Alienated people are the products of parents who used and pushed them. In the most important period and milieu for the development of their human potential for trust, for belief in the intended benefit of another's influence upon them, they sense that this influence is being used for another's aggrandizement. They develop counter-influencing techniques of living and find their identity in the activity of alienating others, and especially in evading the positive, trust-stimulating emotional influences of others. With some patients this source of identity is so all-important that, in apparent paradox, they continually cultivate others. They do so, however, not for friendship, but to achieve a feeling of strength and integrity by succeeding in remaining isolated at close quarters. It is not uncommon for this to occur in marriage; it is, I think, a characteristic of all homosexual relationships; and it accounts for some of the therapeutic frustration so beautifully described by Dr. Eckardt.

The interpersonal activities by which the patient pursues his interpersonal goal of maintaining detachment warrant our most painstaking examination, our most consistent and persistent efforts. Dr. Eckardt says, "Subjectively I often wish to shake them into awareness, stir them up." Alas, she follows this by saying, "Don't worry, I do not act on these images." I feel it is *essential* to act on these impulses, instead of repeating, "What I meant was," and then giving up on the third try. To give up is to subsidize the patient's alienating activity. The patient is achieving a sense of successful functioning in the analytic experience by his frustrating, disengaging, and alienating activity with the analyst. Dr. Eckardt has described an ana-

lyst who has been, as all of us are from time to time, successfully alienated by his patient.

What Dr. Eckardt describes as the "emptiness where the core of life should be" is only an apparent emptiness. Actually, there is a core of life jammed with pathological gratifications, swelled with a sick identity derived from successful alienating practices and experiences. It is essential constantly to focus for the patient, not his unstructured existence, but the pathological structure of the existence he pursues.

There is a great deal I should like to discuss along the path of dreams that Dr. Weiss indicates at the end of his paper, but I shall confine myself to a single dream illustrating an alienated person's jealous guarding of his way of life. The patient, an outwardly gregarious yet wary and detached man, had moved to New York from Detroit. He had been in therapy for more than two years, had managed to avoid any deep commitment to change through analysis, and was now toying with the idea of taking a job in Los Angeles. He resented his wife's lack of warmth; and she was miserable because of his cold intimacy. One of the important practices in his interpersonal relating was that of impressing others with his brilliance and hard work. Academic ostentation had failed to capture the complete admiration and respect of the analyst, and this failure had produced in the patient some sense of operational bankruptcy, which was intensified by similar failures to make meaningful relationships in other areas of his life.

The patient entered this session in a semi-serious, somewhat jaunty manner, and immediately reported his dream, as follows: "There was a corpse from Detroit. This person had died in Detroit, and the body had been sent to New York to be buried. Before he died, he sent a letter that tied the hands of those who were to bury him.

"I'm telling a crowd about the corpse, and what a tremendous joke it was that this fellow had tied the hands of those who were to bury him. The dream ended with my being amused at the fact that the corpse had outwitted these people."

The patient went right on to associate and interpret. "The corpse from Detroit is me. The story was in the newspaper. It was a tremendous joke. I was enjoying telling it. Everybody's hands were tied because he had described exactly how he was to be buried." The patient lay on the couch for a while and then he said, "The other day I told my wife that I disliked you. I was surprised that I said it. You're not letting me alone. I can't put you away. One of the things that I like about going to Los Angeles is that I'll be able to put you away."

At this point, I said, "Maybe this is the corpse joke."

He immediately answered, "Yes, that's right. There's a certain feeling in this dream—there's an 'I'll-show-them' quality. There's a vindictiveness, a maliciousness about it. I've often had a fantasy about dying and what people would say. They would say, 'What a loss!' In the fantasy I always feel good, because one must speak no evil of the dead."

I said, "What's the big joke in the dream? What's this business of tying the hands of those who have to bury him?"

He said, "I frustrate you, that's the joke. I'm not going to co-operate; I'm going to come out of here as dead as I came in!"

The dream offers an extreme example of the feeling of identity achieved through alienating activity. It is an identity of deadness, which is the inevitable consequence of finding strength and pride in unresponsiveness, in "imperviousness."

As Dr. Weiss points out, the isolated patient is often filled with rage and anxiety because of the great threat to his sense of self that resides in the increasingly intimate, trusting activity of analysis. In spite of these reactions, the patient, in the words of Dr. Weiss's patient, must be "touched by you, very much against my will." All people are foreigners to the alienated person, and the analyst is often the first alien the patient has ever trusted. The patient's great problem is to overcome his xenophobia, and as analysts we must to some extent force ourselves upon him and not permit ourselves to be driven away. The patient must be constantly directed, par-

ticularly through work with dreams, to recognize his feelings. In the course of pursuing emotion, not only will he gain knowledge of himself, but he will also find how much he has in common with other human beings.

Even in the absurd world that Dr. Eckardt so persuasively describes, there are always others with whom one can share one's sense of the absurdity. At first, it is as though the patient is the only person, and all the rest are aliens. As he gets well, he discovers that there are people all about and that he is one of them. He begins to derive a new and healthy identity from a new kind of functioning, as his alienating activity is replaced by contacting and responding activity.

WANDA WILLIG, M.D., New York:* As a clinician, I was particularly interested in those aspects pertaining to therapy, and in this spirit I will take up some points of each paper.

Dr. Kelman says that "people often interrupt their analytic work when the intensity and extensity of alienation is beginning to be experienced." This happens at the time when they are starting to be involved in the central conflict, and it strikes me from the point of view of technique. Is there anything that the therapist can do, besides being particularly mindful and vigilant when approaching this precarious balance of forces? Dr. Kelman maintains that "such breaks away from analysis occur on the assumption that they can get away with murder," which means that self-destruction still predominates. If the therapist could lend more support to the patient's constructive forces, already then in operation since he *is involved* in central conflict, more strengthening could be achieved by some gestures of special personal interest or by spontaneous offering of additional sessions. May there not be cases where a breaking away could be averted? Only the other day a patient who, after a long struggle and much drifting, was ready to face herself and her unhappy marital situation squarely, and to take a positive stand on her own and her child's behalf. She has gone through the period of "touching and tasting" her alienation. Yet she came late to her next session, angry and negativistic, and declaring emotionally,

"I did not want to come! It is too much to face that I have been that sick and to go on. . . ." Throughout the session she raved against me and against herself, that if she only would get run over by a car after leaving here, and so forth. Reviewing what had been going on before, I sensed that this was more than a negative therapeutic reaction. Next day I thought of calling her up and making her feel that I was with her, regardless. Before I had a free moment to do so, she called to tell me about a social event she had enjoyed; she wanted to give me all the details. As I was in session with another patient at that moment, I told her that I would call her back when I could give her more time. When I did so, she unloaded her emotions, telling me that she had been in a terrible state when she left my office. She felt very strongly and kept telling herself, "I won't go back to her, I won't go back, I don't want anymore of *this* (analysis)! It is too costly!" "But now I realize," she continued, "I am coming to something too crucial in my life and it would be a bad moment to stop!" She ended breezily, "See you Monday."

In therapy, Dr. Weiss combines with his analytical approach the existential concept of the "I-Thou" relationship in the foreground, through which the patient, seemingly dead emotionally, actually comes to life and regenerates his atrophied personal center, the core of his being—all the while not losing sight of the dynamic forces that created the pathology and have been keeping him a prisoner. He keeps analyzing unobtrusively, with particular emphasis on the analysis of dreams. I agree with Dr. Weiss: Yes, we have to be more active with the alienated patient, give more of ourselves, carry the burden and the responsibility,

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and not sit back wondering about the timing of interpretations. There is a terrific overemphasis on intellectuality and rationality and on KNOWLEDGE, in capital letters, in the alienated person. Even patients who have been in therapy a long time, ask the question, "Why?" *"If I know* why I am doing it, I can stop doing it again." Or, *"If I know* what is wrong with me, I will straighten myself out!" They are passionate collectors of information. One young female patient, after years of analysis, screamed in a terrible furor, "I have all the *information about myself,* but I cannot do anything with it. I still shake in public!" This was extremely humiliating to her. She wanted to have her rages analyzed away with a magic wand, or by mere words, and to appear to the world as a great intellect, poised and superior in every respect.

Still another patient, a woman in her early forties, came to see me some years ago. She impressed me as a shadow coming from a distant planet. Life to her meant "being on the stage and having a silent part." At that time she had trouble with her children. They were found to be scholastically unsatisfactory by the high-school teachers, which was puzzling because they were intelligent children. To the mother it was a shock. She also complained about tremendous chronic inertia and fatigue. After seven sessions she decided to discontinue and said, "I may come back some day, in which case it will be *for information!"* She appeared six years later, remained with me for about six months, and then left. She came again three years later, now a grandmother, and said, "I am fifty-three! How much more time? So short and yet so long! I am obsessed with the thought of dying and I haven't done anything! Too late to train for something. I have no hobbies, no desires. I don't want anything but to go to sleep or read."

After her sixth session she quit again. While she remained with me, she worked well, associated freely, brought in dreams, got emotional often, and claimed to feel good about me and not distant, by comparison with other analysts. She had seen three before she saw me and mentioned

one in the intervals, but I believe that there might have been more. In her very last session, she brought a dream about "the apartment I have moved to. Why did I do it? Everything was wrong and I cannot move back, it is something irrevocable. . . ." Apparently her ability to make a move was too frightening to her and she had to vanish again.

Those alienated patients who complain about living in a fog, feeling drugged, or suffering from constant feelings of unreality—sure they are living in a state of anxiety—use their alienation and unreality as strongholds of their defensive circumvolutions, which they keep up for a long time as virtually impenetrable. The analyst's comments and responses they provoke and invite by "you are not telling me," or "you are not doing anything for me," so that at some point he does fall into the trap, bring only reinforcement to these strongholds. Here again, what counts is the patience, stamina, and aliveness of the analyst, and his readiness for emotional interaction which eventually will help to revive and revitalize the alienated patient.

Dr. Eckardt would prefer to call her paper "The Absurd World of the Secret Self." She looks at alienation as an existential problem of our time and not so much as a psychopathological state. It seems to me that she looks primarily at the person's alienation from the world and uses the terms "detached person" and "alienated person" vicariously. We do see, however, that alienated people do not have to be necessarily alienated to the world. They can even move in the world with considerable ease, fulfill missions, have success, friends, love affairs, do things for others or for their own prestige, and yet remain strangers to themselves. The alienated person who experiences anything good or bad as coming from the world around him finds the world either surprisingly benevolent or inimical, and in either case as incomprehensible and absurd. Dr. Eckardt gave us a masterful picture of the alienated person, descriptively and dynamically. The analyst's perception and grasp enable him to react to the muted expressions of the patient, which so easily can be overlooked,

and to pick up a clue from the depth of the secret self: a song, a line of a poem, which have emotional meaning for the patient. Very often they reveal a lot about themselves when they talk about animals, particularly about their pets.

Considering the particular stumbling blocks in therapy with alienated patients, I have experienced again and again the frustration caused by the futility of interpretations and explanations. One can sense the Iron Curtain going down in such instances. One patient used to tell me regularly, "When you are talking to me, I get the feeling that wool starts to cover my ears." Their particular ways of making themselves blind, deaf, and dumb, and holding to it by covering themselves with a thick blanket of indifference, ignorance, and blankness are exasperating. But as Dr. Bonime said, we always have to attempt to provoke the patient to some emotional response. Another tremendous problem is the exorbitant claims on the therapist and the hostility which keeps oozing because the alienated patient, expecting their fulfillment, remains frustrated. Did not the patient who found himself singing the ballad, as he left Dr. Eckardt's office, express his feeling being cheated by her and that she let him go away starved?

The last point, namely, the inability of the patient to make plans and warn the analyst of the trap, is well taken. How long, however, does it take the patient to get interested in himself and in realistic goals? The compulsive, aimless drifting or the frantic pursuit of unrealistic designs, which we also find in alienated people sometimes seems longer than the therapist's endurance. Yet, if both the patient and the therapist can reach together the point when the patient awakens from his lethargy, or when his frenzy lessens, it is deeply rewarding for both of them.

Dr. Wenkart's paper presents a wealth of ideas that needs more elaboration. I would like to touch on only a few points. I feel very strongly about the absence of "rootedness" or the presence of "uprootedness," of having a deep sense of or longing for one's native land or native tongue, or of being disconnected from it,

and what all these feelings contribute to the development of alienation. A young woman gave her history of having lived as a child under the Nazi terror. The patient was four years old at that time, but remembered and recalled emotionally blood-chilling details. Her family succeeded in escaping to England where they were living in air-raid shelters most of the time and finally managed, after many frightening and daring adventures, to get on a boat which travelled without lights. (It was torpedoed and sunk on the next trip.) After their arrival in this country, the parents started a bitter struggle for existence and the child had to be self-sufficient and share in the parents' worries. With all this in her past, the patient wondered, "Why should I feel insecure and not be able to make decisions? I never know what I want!"

The patients who live in solitary confinement and eerie aloneness often suffer not only from fears of invasion, but also of being devoured, annihilated. These fears are often expressed toward the analyst when they feel threatened by his coming closer, or their projection of their own coming closer to the analyst.

Disturbance of the sense of time is striking in alienated individuals. It is as though time had stopped for them, either at some traumatic point, or when, even temporarily, they achieved fulfillment of their dreams or ambitions. They may be oblivious to the passage of time; they keep the feeling of everlasting youth. One patient in his late fifties felt himself to be a beautiful youth and an ardent Romeo. Actually, his love affair was a long time in the past, but he still lived it. He also felt himself to be a Don Juan, irresistible to women. Another alienated patient, a woman in her forties, frequently says, "When I marry and have children . . .," but meanwhile lives in total heterosexual isolation. These patients have all the time in the world and go at their own unhurried pace. There are others, markedly alienated people, who desperately hope to beat Father Time by their cramped and impossible daily routine and stubbornly refuse to give up the race.

When the drifting patient does come

closer to himself and starts to realize that time is passing, he gets frantic. "I am getting to be fifty," said a highly pressured business man. "People all around me are getting heart attacks and drop dead and I have not lived!" He added, "All this time that I have been coming here, I don't feel that I belong. It does not feel like a long time emotionally, but don't tell me how long, I don't want to know!" But he furnished the answer himself when he continued: "How long have you been here in this office? What? So many years?" He

forgot that he had been coming to my previous office for some years also.

Dr. Wenkart's paragraph, "The mutual desire to find meaning sets the tone for serious inward searching" applies in my experience to the almost terminal stage of analysis of the alienated patient. How to increase our knowledge and skill and make use of ourselves, so that the tragic passage of time for our alienated patients may be shortened, will need a great many more exchanges of thoughts in future meetings like this one.

RALPH SLATER, M.D., New York: [*] I am very pleased that I had the opportunity to read and study, in advance, the four papers presented here this morning. I found them to be, without exception, interesting and stimulating. All of them deal with the subject of alienation and therapy; nevertheless, they differ quite remarkably from each other. The papers by Dr. Weiss and Dr. Eckardt are clinical presentations, as I—and I think, as most of us—understand the term. They have to do with our daily work with patients, and use language which is familiar to all of us to describe the therapeutic process. Dr. Kelman's paper is more wide-ranging and more concentrated than the others. By contrast, Dr. Wenkart's presentation is more literary. Her paper is written in a poetic style, with quotations from Rilke and allusions to the off-Broadway theater, and it abounds in metaphors. She expresses herself in a highly individual, original and imaginative way, and does not use the language customarily employed by psychiatrists and analysts when they try to convey their ideas to their fellows.

First, some words about Dr. Eckardt's paper, beginning with a comment that is also a question. I wonder about Dr. Eckardt's aversion to the idea that alienation is pathology. To my mind, alienation is definitely a pathological phenomenon, per-

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haps the pathological phenomenon of our time. In her paper, Dr. Eckardt gives an excellent description of the predominantly detached personality. I prefer to call such personalities resigned—using Horney's term—because they are people who have resigned from active living, active struggling, active striving, active wanting. A patient of mine is a man in his early thirties. Some time ago he saw Jean Renoir's film about India, The River. In fantasy he projected himself into the movie. He had himself sitting on a hill some distance away from the river bank. He sat there and watched, with moderate interest. He saw people washing, swimming, playing, and boating. He watched the busy goings-on in, on, and at the edge of the river, but he remained where he was. All of us have patients who are observers of life, like this man. As Dr. Eckardt points out, such people do not actively participate in life. They drift, they don't plan, they don't commit themselves to anyone or anything. Isn't this pathology? I realize that detaching and resigning have integrating functions, and that they make it possible for a divided human being to function as though he were whole, and with a minimum of anxiety. However, self-idealizing and compulsive intellectualizing are also integrating. This does not make them healthy processes. On the contrary, they are pathological. When I read Dr. Eckardt's opening paragraph, I wasn't quite sure what she was implying, but it seemed to me she said that the kind of persons she described were not sick. On

the contrary, they were honest and clear-eyed. They saw as absurd a world which really is absurd. As I see it, this isn't the situation at all. The difficulty that such persons have is that they are compulsively detached, emotionally, from others, and disconnected from their inner lives—not that they see the outer world so clearly.

Another point I want to make about Dr. Eckardt's presentation is that it gives the impression—at least, it seems so to me—that alienation is present only in detached persons—in fact, that alienation and detachment are synonymous. I don't think this is so. I think the alienating process goes on in all our patients and, indeed, in all or nearly all people in our culture. For example, the predominantly self-effacing and dependent personality seems to be quite different from the detached person. The self-effacing person has an intense need for closeness and for a partner. Love is very important, and the person will talk a great deal about it and consider himself to be quite loving. Is he, really? What he calls love is glorified compulsive compliance, submissiveness, and selflessness. It is pseudo-love. Such a person is alienated from his authentic feelings of love and compassion, not to mention feelings of anger, jealousy, and so on. Or, consider people who are in certain respects the opposite of those described by Dr. Eckardt. I refer to the compulsive planners. Such people do not drift. On the contrary, they often plan their actions years in advance and work very hard to attain a future goal. Yet they are alienated from their real feelings, just as the drifters are. One young woman, who is driven by needs for triumph and success, worked very hard, long, and skillfully, as she climbed the ladder of success in the entertainment industry. She said, "My life has nothing to do with me. What counts is what goes on outside of and around me. I love it when the phones ring every three seconds, when there is a lot going on, when it is hectic." When I asked how it was with her when the phones didn't ring every three seconds, she replied that then she felt lonely, empty, dead. At another time she said, "I'm so much a product of whatever atmosphere

I'm in," and a few minutes later, "Whatever is going on on the outside, that's the way I am. It's very hard to say what is me." In short, the alienating process is part of the neurotic process, regardless of which major solution is in the foreground. It is not limited to the predominantly resigned person.

Now for some words about the papers by Drs. Weiss and Wenkart. I am essentially in agreement with Dr. Weiss' formulations concerning the origins and manifestations of alienation, and its great importance in our work. Also, I am moved by Dr. Wenkart's vivid and unusual ways of expressing what alienation is, and how alienated human beings experience their lives. They both stress the vital importance of the doctor-patient relationship in therapy. I wonder whether, in putting so much stress on the warm, accepting, unhurried, "I—Thou" relationship, they don't almost give the impression that the patient is cured by love. I think there is more to therapy than the analyst being a warm and accepting person, and I believe Drs. Weiss and Wenkart think so, too. Dr. Weiss says the patient can't be cured by an analyst sitting behind him, taking notes and making interpretations in the orthodox manner. If, by the latter phrase, Dr. Weiss refers to the analyst as a mirror, I agree with him. But I do want to add that the analyst can sit behind his patient, make notes, give interpretations, and be deeply and constructively involved with his patient. I certainly agree that the analyst must be wholehearted and not too much driven by his own unresolved neurotic needs to condemn, to judge, to appease, to withdraw, if he is to help his patient. As I see it, the analyst helps by his interpretations, and by his way of being—that is, by a non-judging, calm, steady, sustained interest in the patient and a consistent refusal to be tricked into playing roles assigned him by the patient. I think both are important in helping the patient listen to himself, in helping him to an increasing awareness of and connectedness with himself, and hence to a decreasing alienation. This would mean helping the patient to become aware of and face his inner con-

flicts. This brings me to a fact about Dr. Wenkart's paper which struck me as strange: Nowhere in it does she use the word "conflict". It is hard for me to think of alienation without also thinking of conflict. In my mind, they are indissolubly linked. Self-idealization and externalization, which lead to increasing alienation, are unconscious ways of solving inner conflict. Alienation is also a compulsive solution to conflict. Similarly, it is hard for me to think of helping the alienated person without helping him face and experience his own involvement in conflict.

In his article, "The Whole Patient In Therapy," our chairman, Dr. Martin, says, "Horney felt that therapy should concern itself (a) not so much with the past as with the present self-perpetuating elements (b) with bringing to the patient's awareness first the protections against and denials of the basic conflicts, and lastly their intricate and complex interplay, particularly their intrapsychic derivatives, such as self-hatred, and moving away from the self; (c) the reactive and vicarious living of the patient, so driven to relieve and avoid anxiety that he has no feeling of his real self."[1]

Dr. Martin goes on to emphasize his own belief in the importance of the analyst's unflagging interest in the totality of his patient. "Our primary interest is always in the totality of our patient, and never solely in the explicit, with the objective of helping him have more awareness of this extensity or totality of his being. Ability to have greater awareness of this totality is commensurate with our ability to face and feel the inner emotional conflicts, which always involve our whole being—what William Faulkner has called those 'problems of the human heart in conflict with itself.' "

In short, both Dr. Horney and Dr. Martin emphasize that the analyst's task is to help the patient to greater and greater self-awareness, including awareness of his involvement in conflict. With this view I agree. I also agree with Dr. Weiss' explicit, and Dr. Wenkart's implicit, idea that such awareness must be a felt experience and not just a bit of knowledge, if it is to be really helpful. A therapist devoted to this task creates, again in Dr. Martin's words, "a relationship which may be the first intimation to the patient that his full stature, uniqueness and dignity as a human being are being loved and respected." All of this contributes to a lessening of the patient's alienation from himself and, simultaneously, of course to an increase in his connectedness with himself.

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THE THERAPY OF SEVERE ALIENATION

Sara Sheiner

I AM GOING to describe what went on in the analytic experience I have had and am having with a particular person. I can say that he was full of rage and hate; that he was morbidly dependent;[1] that he demanded and rejected symbiosis; that he was self-destructive to the extreme. I have said little unless I emphasize that the presenting point of contact between us and the major obstruction to contact was his alienating[2]—active alienating—as a life-saving defense, and an inevitable part of the neurotic process of development.

He was a young man in his thirties when he first came to see me and felt overpowered by an incessant urge to kill himself. Anyone as sick, he said, anyone as unfeeling and contemptible as he was did not deserve to live. He believed it to be a law of nature that the unfit must die or be killed off. He lived with an unceasing conviction that he was of the unfit. Only when he was desperate and "at the bottom," when there was no other way to turn, would he feel an unidentifiable surge of opposition to this self-malevolence. At these times he would experience a relaxation of tension and a clear but distant awareness that his usual way of feeling was "wrong." This clarity would be followed by a blurring and numbing of all feelings.

He had been excruciatingly and bitterly anxious for as long as he could remember. Lurking within him was a volcanic rage, a rage that erupted violently, leaving him spent and guilty when it receded. People had always puzzled him. He could not "decipher" what they were. He felt himself to be outside of the human community, some kind of a monster. At the same time people terrified him. He hated them. Yet all his life he had felt an intense yearning for something he could not define. While these feelings were strong, they were also blurred and unclear. He felt them to be the center of his life, yet felt unconnected to them. He experienced them as though they were things that had been imposed upon him. Any attempt to connect with these feelings, to experience their roots, resulted in confusion and vagueness. He felt it as "something pulling me away."

He would stand at the window as a little boy, longingly watching the other children playing. He would feel a bewildering pain of wanting, and not know what he wanted. One of his earliest memories—possibly he was two years old—was that after a day of anguish he would find comfort in lying on the kitchen floor, under the table, aimlessly playing while listening to the murmur of adult voices saying things beyond his understanding. Another memory was of having forcefully been given enemas and shouted at: "Hold it in." With shame he recalled that on one occasion he could not "hold it in." Even the recollection of this letting go

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was anguish to him. To "hold it in" became a sine qua non of his life. Another frequent memory is that of shouting an explosive "No" to adults questioning him. At the age of five he was locked in a dark cellar as a punishment for crying. There, consciously, heartbrokenly and with hatred, he decided never to show what he felt again, and never to tell the truth about himself again. At the age of seven he felt overwhelmed by an eerie sensation of having no substance. This feeling recurs whenever he "lets go." It is accompanied by a feeling that it is unspeakably dangerous to "let go."

He never told anyone what went on in him. He was certain that no one cared, could understand, or help—certain that these sensations were evidence of his horrible defectiveness and that their revelation to anyone would lead to his annihilation. To hide his innermost feelings and pretend to be "normal" became the third rule of his life. From the age of seven to twelve, he was rebellious, inert, or forcing himself to observe an ever-enlarging series of rules as to how a human being should be. He had to control his anxiety, his bewilderment, his helplessness and fear of abandonment. Rage, hatred, and fear were equally forbidden and felt as marks of his monstrosity. He rigidly believed that his feelings for nature and beauty, his sympathy and his yearning for other people were abnormal and "wrong." To show these was even more dangerous than to show negative feelings. He recalls vague stirrings of needing his parents and of experiencing his own helplessness. Making a fist, he said to me, "I did something to it 'till it didn't exist. It was unthinkable to need anyone or to have no one."

Outwardly he watched his every way of behaving. Inwardly he guarded, argued with, and coerced every feeling.

This molding was imbued with the bitter spirit of his convictions:

1) that he had been born psychically and physically defective;

2) that he had done things wrong in his developing of himself; that he could and should have done otherwise; and that he was now irrevocably worthless;

3) that no one had cared, helped him, or shown him the right way because he was so worthless;

4) that all others were better off than he through no particular merits of their own;

5) that life had treated him unjustly, but that if it were true that life was granted equally to all, then he must have made horrible and unforgivable mistakes, was contemptible, and should be annihilated.

He experienced the events and facts of his physical being as a child as proof of his innate or acquired defects. He had been small and thin. His teeth had been so bad that they had had to be extracted when he was very young. He had been under the more or less constant care of doctors. He had required enemas frequently. He had had constant anxiety. He had been afraid to go to school.

To escape from ever-present horror became the goal of his life. One way was most effective: a blurring, numbing, confusing fog. He said, "I *think* I know there's a world but I don't feel it. I am full of unknown fears and confusions. I am not able to feel what I feel. There is no purpose, only pain, regret, laziness, and tiredness. Nothing sparkles. Everything is dull and dreamy. I hate and resent this neutrality in me. It was a foregone conclusion that my feelings and thoughts were unspeakable. Who do you go to cry to? Where does an alien register?

"I have a naïvete about the world of people which others do not recognize

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in me. There are simple things I do not know with certainty. Anything I say sounds false, unreal. I am not connected to what I say. To speak to you I must put on a mind cover.

"I ask complete incorporation and complete separation, so my only protection is to withdraw. You must stand your ground so I will know mine.

"I wait endlessly. Anything I undertake is haunted with the conviction that it will be futile and will end in destruction. I am caught in an impasse. Equally balanced forces are pulling at me and I'm in the middle."

His compulsion to kill himself was powered not only by self-destructiveness, but by the frenzied despair of experiencing the failure of his neurotic solutions and defenses. He lived morbid dependency,[1] knew it was sick, knew himself to be insatiable. He consciously experienced the acquiescence of his wife to be a counterfeit of what he really demanded and believed he needed— the absolute devotion of another person which would imbue him with life. He was arrogant[2] and vindictive,[3] felt vastly superior to everyone and justified in his contempt of them. Consciously, he knew this was sick. He suffered exquisitely from the tortures of a self-observing facility which saw through him and calmly told him he was wrong. This, too, he felt was irrational. Control and self-molding obviously did not work. Whenever he attempted to go deeper into himself or clarify anything, he felt a powerful, seducing force which promised rest and peace and pulled him away. Sometimes he would oppose it, but he felt his opposition was a lie in that he wanted to yield to the seduction. Invariably he yielded, only to fall into worse misery, that of fog and nothingness which were more painful than acute anxiety. Paralyzed and confused, he would be bombarded with elusive memories, wordless arguments, torturing feelings, inchoate pushings to do, and ultimately a nausea that pervaded his whole body.

His conflict was never stilled. Driven from his being, denying his being, every aspect of his torture yet gave him form, meaning, and structure so that, while seeking escape, he devouringly clung to what he was and repudiated whatever another person gave him.

In our first sessions I felt uneasy and eerie, even intensely anxious. As I worked with him, I struggled with him and with myself all at one time. I was compassionate and withdrawn. I was determined to reach behind his wall, yet with reservations about my ability to do so. I was a relentless and unceasing will opposing his destructiveness and a cry that I could not. I was understanding, even tender, and at the same time I pulled away from going into and moving around in the experience of him as he felt himself to be. I felt that I must and I resisted. In each session I was living and engaging with what felt to me like the pure distillate of human anguish. Intermingled in all this was a clear hearing of and responding to another human being calling to me, one who was too weak to emerge unless someone reached and in the reaching made it possible for him to lean without destroying. With conscious and unconscious struggle, my desire to help him emerge slowly became the central force in our work. I saw—and see—that intent and devotion to another's self-realizing[4] is a state of being, the attaining and re-attaining of which is in constant striving.

In the first months of our work he battered at me. Whenever and however I moved, he ducked, hit, undermined. If I touched him in his essence he snarled and disappeared into a fog.

He would say, "You must love to

suffer if you stand somebody like me. What do they call people like you—masochists?"

"What makes you want to work with me? Or do you? You don't anymore, but your professional pride and ethics won't let you quit."

"You must be vain as hell and I'm a challenge to your vanity. Some feather in your cap if you cure me! And if you cure me, what will I be—another slob!"

"You misguided altruist, you! Blindly serving your own vanity!"

"Maybe you're so bad you can't get any other patients."

"You're a fool! You don't see how sick I really am. Or else, you're so blindly and blandly professional that it's your duty to treat all sick people and you get involved with none."

"What does it matter to you that I'm in torment? You probably cluck sympathetically and say, 'Poor boy.' If I kill myself, you'll shrug and say, 'I tried'."

Feeling somewhat relaxed, he would allow himself some humor and say, "You professional friend, you! Nothing but a whore!"

At other times he would threaten himself and me with his potential violence, saying, "If I ever let go, I'll break every stick of furniture here, rip your clothes off, rape you! Step on you, spit on you. Throw you out the window."

Or he would ask, "Are you really strong enough to stand the demands I'll make on you? If I ever let go, I'll be more than a baby. I'll demand what can't be given."

Interspersed with assault, he was bargaining for his future as if he were a piece of something to be negotiated for between contending factions. As I became clearer about the many ways he tried to get me into becoming a party to his bargaining, I could be firmer on my own ground. From the bits and pieces of information I had about his life history I would connect for him what seemed to be his innermost feelings with his foreground of verbal assaultiveness. These connectings were educated guesses but gave solidity to what was otherwise wispy. Sometimes, in response, he would look at his past for a moment, or linger a bit in the present. More often than not, these islands of being with himself would be followed by revulsion with himself and me, the utmost in self-rejection.

At other times he would demand that I tell him exactly how he was doing wrong, or that I contrive a situation in which he could "spit it all out and be done with it." He complained that I was insufficiently intuitive, or else I would know and sense the fantasy in which he was trapped and that I would then be able to "rig a set-up that would trigger me out of it." Or he asked for specific instructions in feeling or in attaining a specific attitude. All of this was a scream for solidity and definiteness. Yet his rejection of whatever definiteness I gave him and his demand for it at other times were sadistic and torturing.

Whatever else these verbal attacks meant, they were a means of feeling me and of obtaining structure through such feeling of me. This "you-you-you" was his way of defining me and living through my being. After about four months of therapy, he occasionally said grudgingly, "I must admit you're tenacious . . . . Maybe you are a decent person, but a stupid one."

His attacking began to subside toward the end of individual hours to be begun again in the next hour. He began to complain and show evidence of being constricted by the time period. Where formerly he had dashed out and slammed the door, he now became re-

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luctant to leave. He said he wanted to stay all day, partly because he wanted to and partly so that he could keep on hitting at me. I felt that it would be worthwhile to see him for double or triple sessions on certain days and also that our work should now be on a daily basis. I said as much. His response was a tortured one: "You are indulging me. That's no good. But I need it."

After about six months of therapy he began to write and telephone me between hours. Over the phone he was less defensive and more communicative. He was also more direct in his attacking and taunting. In his letters he expanded on what my every tone and inflection meant to him in terms of acceptance or rejection, sincerity and certainty. He knew he wanted and needed to trust me but could not. Through the use of this medium he could tell me his dreams and some fantasies, neither of which could he force himself to tell me in my presence. He described how he would begin to open up while away from me, determined to tell me things and how the blurring and "mind cover" would take over as he entered my waiting-room. He felt that being in analysis was a terrible humiliation. He wrote that my tenacity gave him some hope. Although he could not understand it and hated it, he yet felt it to be real.

In the hours in my office he was very little less assaultive and a little more open. In his letters he wrote of being drawn to me in a way he could not define: "Is it love? Is it sex? Is it being a child with a mother I need and hate? You *are* the person I must lean on, but is it real? Will you move away from New York? Get sick? Die? Are *you* real?"

Then he made me real in the only way he could, that is, by concretizing me into an object of sexual desire. He found this excruciating, contemptible,

and anxiety-provoking. He felt it was weak and sick. He said he was evil and that he intended evil toward me. These emerging feelings of relating to me he fought with all the powers of his control and alienating.[2]

After about one year I could formulate some essentials of our relationship as it affected our work. He brought to it a tenacity that had shown itself in many ways throughout his life. One of these was his acquiring an education despite his disruptive anxiety. Another was the excellence of his Army record. A third was his persistent searching for help over a ten-year period, during which he had tried many sources without satisfaction. What was impressive was that he had not given up. It was equally impressive that, despite his severe suffering, he had not given up working nor had he resigned himself to a life of aimless depression.

I felt an insistent and powerful determination to reach him. I did not will this in any way, nor did I have any conscious say over it. Granting that I am capable of such determination, I consider the fact that he could arouse such a response in me to be definite evidence of the essential constructiveness[5] of his nature.

Alongside our mutual tenacity was his compulsion to seduce me through cruelty. He tried to tie me to him, paralyze me, and live through me by means of leading on, rejecting, improving a bit, falling apart in front of me and suffering. He used the entire gamut of sadistic[6] maneuvering—for example, emphasizing my failure to help him, then saying he'd gotten some help; maneuvering to be rejected by me and anticipating vindication of his belief that no one cared; punishing me through his suffering; and, finally, bargaining with me in the following terms: "If I blow up, free associate, change jobs,

leave home, will I get better? No, I won't."

If I engaged him in any one of these maneuvers or questioned them, his response was a twisting accepting/rejecting, mixed with a logical/illogical refutation of any position I maintained. In these ways he was constantly touching and feeling me while trying to vitiate and avoid my attempts to reach him. I met these attempts always with determination to reach.

At about this time he moved more into debate; to let go or not. He talked much of how he could not communicate what he felt; how his feelings were blurry and without words; how they darted by; how, if he tried to communicate, his words and voice felt unconnected to him. Then he became insistent that only that to which he felt connected could be sincere and that he could not stand his insincerity. He felt unconnected to words and language and preferred not to talk. At the same time he felt that he must talk, should talk to me. He described the inner jumbled world in which he lived. He feared that if he let go this jumble would overwhelm him and that he might never again emerge. Or the debate would take the form of being convinced that I would ridicule him if he let go; that I would hate him, hurt him, kill him. My participation in this debate was sometimes interpretative, sometimes silently participant, sometimes a direct "yes" or "no" to his questions of how I would feel if he were to let go. He said that everything he did and said in relationship to me was imbued with hope and with a secret, gleeful desire to torture and destroy me. Therefore, why stay in analysis? Then the debate would go in the direction of the dangers of letting go; that he might release violent forces which could never again be contained. Spontaneity and violence were linked

in his mind and he used these two concepts synonymously. Anything spontaneous and natural was automatically believed by him to be violent and dangerous. In this way to be hungry was evil; to like someone, to enjoy music, to laugh were evil and violent. The simplest physical sensations and the most complex emotions, if spontaneous, were intrinsically evil, dangerous, and would lead to his immediate annihilation. He felt an ever-murmuring, ever-present torrent of incidents, places, people, and conversations of the past that threatened to drown him, but to which he clung. If he let go, went the debate, the past would overwhelm him, the murmur would become a roar.

Somewhere around the middle of the second year the debate resolved itself into letting go, letting me in, and still evading. He was gaining in self-awareness and expanding in self-experiencing through conflicted venturing into self-expression. He was moving toward some trust in me and was occasionally able to be silent with somewhat less anxiety. He felt himself to be at the edge of a precipice, felt depressed and desperate. And then, through actively alienating,[2] he plunged into that which threatened to overwhelm him. The form of the plunge was that of episodic trance-like states, occurring only in my office and in my presence. In these states he could let go into his urgent need to *do* anything, *feel* anything, *be* anything, irrespective of consequences and yet be protected by alienation and the safety of not being fully responsible.

In trance he directly expressed by moans, groans, breathings, choking, body movements, and mumblings those thoughts and feelings he had believed to be incommunicable. He could thus place the "mind cover" over himself and free himself from his reason and control. In trance he was usually aware

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of what was going on and aware of me. Sometimes he deliberately plunged into trance. Sometimes a trance took him over. At the beginning of an hour he might be talking, sitting in a chair, and suddenly in the middle of a sentence become inarticulate, struggle, jerk, choke, shout "no," "take him away," "I won't"—strugglingly relax and speak in a deeper voice, not really speaking to me, but reliving some aspect of his life. Or he might begin a session deeply introspective and sitting silently. Suddenly the trance prodroma would appear and, as he would relax, he might go through the act of lying on the floor while the adults talked, a safety fantasy. Then he would go deeper and let in the "living past" which clung to him. Or he would go into his active fantasy of being a baby and act it out. Thus through touching something safe, he could go deeper into the agonizing conflicts he felt, acting out each side. On going deeper he would moan, sob, shout, arch his back convulsively, and then relive. In the reliving he let in a depth of emotion he had once choked off. Some of these relivings were gruesome and horrible. Others were poignant, others happy.

He would often call, in the middle of a trance, "Mommy! Are you there? Mommy, Mommy, where are you?" He would act out by gesture and monosyllabic words that I was a new mother with whom it was safe to be "any way at all," but he knew I was not his mother. Then he would act out "any way at all," which ranged from repeating obscenities over and over, through asking childish questions, through throwing something. As it became safer to be "any way at all," he could express and be violence, rage, sorrow, confusion, sexuality, hunger, poetry, and music without going through safety fantasies first.

I did not always allow these states to go on uninterruptedly. Judging from what had gone on prior to trance and his degree of anguish, I would make my presence felt by moving, a word or two, or a question. I could not tell to what extent my interference was motivated by my own anxiety and to what extent by concern for his capacity to endure. After a while I came to have more trust in my own feelings, so that I could listen and participate in the trance at certain times; slightly jar the trance and touch him with present reality at other times; or bring the present in forcibly. When he would call, "Mommy, Mommy," I was, at first, uncertain whether to enter into his trance directly or not by saying, "Yes, I'm here." I felt that we were in a borderland which he had to enter. I felt that to be able to enter and emerge he had to have firm contact with a real person and had to know that that real person remained so. As his trances became less bewildering and frightening to me, as I learned his language, I grew to rely on my ability to gauge when to "be Mommy" and when not. His trances were his way of being with me and revealing himself in the present. They were his way of showing me what was happening right now, how he was responding to me in whatever I had done or been. They were his way of reaching himself.

Toward the end of any individual hour he usually came out of the trances himself. Sometimes he would be foggy on coming out, sometimes instantly clear, and sometimes in need of a period of quiet to come to present reality. Occasionally, I actively recalled him from trance. Occasionally, he asked me to help him come out. I felt him to be more himself in trance than in his contrived and consciously controlled way of living in which I experienced him as

palpably remote. After he came out of trance, I would go over what had transpired in the previous hours, what had gone on in the beginning of the hour prior to trance, and what had gone on in the trance. He would often then associate to the trance episodes, rounding them out or explaining them in contextual reality. Then I might actively connect all this material, giving it continuity and meaning wherever I could.

The trances went on for a little over a year, occurring in each session. They gradually diminished in frequency and gradually changed in symbolic meaning. Slowly their content became less anguished. He was able to go into them with less torture and come out of them less heavily. He could, at times, see them as meaningful and strength-giving as well as a force that pulled him underground. As the trances diminished, he began to go into five or ten-minute sleeps whenever he was about to clarify something, or whenever he was caught in contradictory imperatives, or whenever he tried to tell me something which he did not dare venture. Whenever he felt doubt of me, criticism, opposition or rage at me, he went into trance. At this time trances and sleeps were concrete experiences of alienating,[2] or departing. Occasionally, he could oppose the trances and sleeps, sensing when they would be relieving and when confusing.

This man shows all the aspects of alienating that have been described in this symposium. He felt and manifested that loss of feeling connected[7] with himself of which Horney writes. He had an impersonal relationship with himself and others. He could not accept responsibility for his feelings, actions and thoughts. He had a fear of his unconscious processes. He asked for a rigidly defined identity. He clung to a negative attitude. In the foreground he lived with a negative image of himself. Briefly, here and there, he allowed glimpses of a grandiose image,[8] but dreaded it, saying, "Not that! I don't want to talk of it! I have pushed it aside. If I let it in, it's worse than what I have. I'll get lost, I tell you, in omnipotence[9] and grandiosity."

He had an unbearable terror of any autonomy or spontaneity. He tried to control and still all conflict by acts of will and reason. When he could not, he moved away into fog. In almost everything he felt and did alienating was a pervasive force. He clung to alienating as to a life raft while screaming for relief.

I worked on two assumptions:

1) that so isolated a person would dare to emerge only when he could feel some other person to be "there," and "there" in some way other than hostile, and

2) that inner necessity made it of the utmost urgency for him to cling to his alienating.

I knew from his life history that he had, on rare occasions, felt that another person did exist and did care. I knew that under such circumstances he had responded with depth and intensity of emotion. I drew hope from this, and from the unceasing quality of his striving. Actively and explicitly, I moved and involved myself with identifying for him those of his feelings and ways which were genuinely his and not those of his images[8] or his controlled conforming. I grew able to sense when his destructiveness[10] was not so necessary to him and, at such times, would go over his associations, showing him how he taunted himself, distorted himself, and how he was imbued with a spirit of contemptuous punishing of himself. In what I said I consistently tried to connect his childhood, later experiences, last session, last month, now—

the beginning of the hour, the middle of the hour, and now. I was as continuous and concrete as possible. I worked in four main directions:

1) underpinning him with myself—identifying and showing him what he was feeling, responding spontaneously with my own feelings,

2) bringing external realities in as existent,

3) opposing self-destructiveness,[10]

4) identifying what was genuine.

I made explicit and concrete my intent toward him and my awareness of his need. In the first hour I told him that I would be available to him at any time of the day or night. Within the limits of reality, I maintained his hours at the same time and on the same days without change. I saw him daily for two-and-a-half years. I continued to see him when I was on vacation but not away from the city. When I was away I gave him my address and phone number. He wrote to me when I was away, but infrequently, being afraid to "impose." I scheduled our appointments for the latter part of my work day, so that no one else came after him. If necessary, our hours could go on without interruption for as long as was felt to be productive. Sometimes we worked for three or more hours at one time. Once, when he asked me how long therapy would go on, I said that the least he could consider would be ten years. While terrifying to him, this statement became something to rely on, a proof of my recognition of his sickness and evidence of my interest in him.

During the period when he wrote to me daily, I scrupulously read his letters and explicitly connected them with whatever else was going on. When he specifically asked me if I knew or understood what was obtaining at some particular time I tried to answer as realistically as I could. If I clearly did not know I said so. If I had a guess I said it was a guess. If I felt fairly certain I said so.

In identifying and defining what was constructive,[5] I brought to the foreground of his attention the consistency of his persistant struggle to reveal, find, feel, and communicate. I saw and emphasized that to expose himself to anxiety, as he did, required and indicated strength and courage. I could hear and feel the beauty and poetry with which he expressed his moment-by-moment feelings. When he spoke directly and without forethought, the patterns of his thoughts were rhythmic, having systole and diastole. His wording showed rhythm, tempo, and a clean spareness that highlighted essentials. I emphasized to him that these were his very own qualities and that he did not control them. There were specific accomplishments to which he had attained despite his constant anxiety. There were specific activities he had undertaken. I pointed to these and called them to his attention. In the wording and spirit of what I said to him I consistently emphasized the inner necessity which brought about the many aspects of himself he despised and derrogated.

The specific, the concrete, and the explicit gave him a feeling of being touched by reality. I was a definite, firm, and on-going somebody whose tangibility he could experience directly and from whom he gained temporary form. I stood on my ground, so that he could eventually feel his own. I was continuous so that he temporarily shored up his fragmentation.

Central to all this was the meeting of one person and another, each in his sickness and in his health. A few times that communing[11] of which Dr. Harold Kelman has written in this *Journal* obtained. The patient has referred back

to those occasions as ones in which he felt I existed and was separate from him. He had never felt that another person really existed, although he knew it. He has referred back to these occasions as ones in which he felt clearly that I felt him to be existing. This, too, he had never before experienced.

Alienating,[2] as consequence and as life-saving measure, is an active process, not an absence of connecting. To relinquish it, to become involved, a person must work through and evolve from the spurious superiority of isolation, and the vows to hide his identity. He must evolve from and relinquish the arrogant hatred[11] and denial of himself and his depths as he is.

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DISCUSSION

HARRY GERSHMAN, M.D., New York:[*] It has been a pleasure for me to read Dr. Sheiner's paper. As psychiatrists, we are interested in the unique individuality of each of our patients. In our age of automation, when huge machines can be gorged with multiple statistics and answers obtained with lightening rapidity, it is indeed refreshing to look into the life of one single John Doe. Nor should we belittle the findings of one case. Freud revolutionized our whole understanding of the human mind as a result of findings based on his therapeutic work with only a half-dozen people. Dr. Horney, whose 75th anniversary we are celebrating, was also a great master in the study of the individuality of each of her patients. As a teacher, she stressed the unique individuality of each of our patients. One might question whether a science of personality can be built if every individual is unique. In spite of the many individual differences, we share the common denominator of the human situation and experience. Psycho-

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logical discoveries about a few can be applied to the many. We are all more alike than we are different. Dr. Sheiner's findings in working with her patient constitute not only a singular contribution to the health of one patient, but also an enrichment of our whole field.

The individual presented shares many problems observed in other borderline cases. On the surface there are arrogant-vindictive character traits that frequently verge on the sadistic. This façade hides a pitiful state of helplessness. Ensuing from the unresolved conflict of these incompatible trends emerges an eerie type of anxiety that is more often perceived by the therapist than by the patient. The eeriness is also a consequence of the profound alienation that is concomitantly present. The inner conflicts are so intense and painful that the self takes flight as a protective measure. This deadening of the conflict is often experienced as deadness by the patient. The deadness is more apparent than real. It is actually a deadening process intended to mute the intensity of the underlying conflicts. Lapses of consciousness or trances occur as a result of the intensity of these conflicts. Because of the extensive frag-

mentation of the psyche brought about by pervasive anxieties, the individual loses his feelings of identity and complains of going to pieces, and of feeling nothingness.

Such patients complain of three kinds of experiences: violent outbursts of uncontrollable rage, panicky states of overwhelming helplessness, and feelings of nothingness. One might guess that the first two conditions would be the most intolerable to the patient. In my experience, however, the third state has been the most terrifying. One of my patients, who pleaded for and obtained relief from incessant states of panic and murderous rage through the use of drugs, reported that the ensuing state of nothingness was the most uncomfortable. She complained of feeling dead and preferred the suffering of the other violent emotions rather than feeling nothing.

The analysis of a person such as Dr. Sheiner has treated is a difficult task. The massive alienation is hard to penetrate. Often such an analysis grinds to a halt for lack of emotional involvement between the patient and analyst. The endless series of maneuvers by the patient to test the analyst further delays effective therapy. The reassurance to the patient derived from such an experience seems ephemeral and only sets the stage for the next episode. The patient is constantly testing the doctor's sincerity, acceptance, perceptibility, and dependability. He often acts out what is distressing him internally. Because such a patient feels nothingness, his needs for concreteness appear in many different forms. There may be incessant demands upon the analyst for specific solutions of an infinite variety of problems besetting the individual. Because of intense fear of emotional involvement, the patient may overemphasize his interest in the rational, real, and logical aspects of his problems. Often an attempt to intellectualize his problems comes into being in order to avoid actual involvement in his conflicts. He talks in order to avoid his feelings. Furthermore, such a person must actually perceive his therapist in many and varied ways. He must see, hear, smell, and touch his analyst. This is part of his need for concreteness. It is crucially important that the analyst, like Dr. Sheiner, be with her patient through all the experiences of the analytic hour.

The doctor's role is a most precarious one. He must walk a tightrope because of the contradictory needs of his patient. Fulfilling one set of needs often threatens another set. Thus, the fulfillment of the patient's insatiable need for love and affection may on the other hand terrify the patient because of his fear of closeness. If the patient is helped to feel that he is being loved, it may evoke deep feelings of guilt in him for not being able to reciprocate. Permitting the patient to express his sadistic hostility may simultaneously evoke in him a tremendous fear of retaliation. To give a patient emotional support sometimes strikes terror in him because of his irrational fear that he will now be taken over completely by the analyst. The patient wants to feel, yet is in the vise of compulsive control that crushes the slightest glimmer of spontaneity. The analyst must always strike a delicate balance in order to support the patient's constructive forces for growth and at the same time undermine the underlying destructive forces.

Even if the doctor has a minimum of residual unresolved conflicts, such as arrogance, neurotic compliance, or reserve, the therapeutic work becomes more difficult. When these traits are present in the analyst to any great extent, the complications are correspondingly greater. The arrogant analyst will stifle and crush the patient's first attempts at self-assertion. The compliant analyst will frustrate his patient's hostile defenses, and the withdrawn analyst will not even dent his patient.

The therapist who works successfully with such individuals needs to have special attributes other than those we are accustomed to associating with effective therapy. Of course, he has to be basically honest, sincere, consistent, and competent. From time to time we are surprised to see that a novice in our field meets with superior success. The young, enthusiastic psychiatric residents frequently achieve such results. This suggests that what we *feel* about a patient is often more important than what we *know* about him. Freud unwittingly

overemphasized the role of intellectual understanding in mental illness. Freud's notion that cure follows intellectual understanding is false. We know now that analysis is much more a feeling experience than it is a rational one.

The analyst cannot operate like a surgeon, draped in sterile clothing. Figuratively, he must get his hands dirty. He must live with the irrational, touch it, feel it, smell it, before he can really be of help. Symbolically, he must become the patient and permit the patient to become him. Out of this merging, paradoxically, is the hope that the patient can emerge with an identity of his own forged out of the intimate living of two human beings. Too often the bridge of words between the doctor and the patient serves more to separate than unite them in their common venture. Of course, I am not against the use of the intellect as an instrument in the analytic process, but against its overemphasis and subsequent dwarfing of the emotional factors. If there is just a meeting of minds between the doctor and patient, the analysis will be sterile. Very little will come of it, except perhaps a change in the vocabulary of the patient. I feel that one of the important, decisive factors in the effective analysis of borderline cases is the doctor's feelings about the patient. If the analyst really cares and is concerned about his patient, the latter will feel it and respond. Obviously, this is not something that the analyst can pretend. He must really feel it in order to be an effective prime mover in the analysis. The patient's alienation from his own feelings and his fear of other's feelings makes achievement of effective analytic involvement difficult—and in some instances impossible; hence, our failures.

When it is possible to create an emotional atmosphere and the basic doctor-patient relationship necessary for effective and integrated analysis—as Dr. Sheiner has done—then real changes can be expected. The goals of analysis include helping the patient to become aware and to experience the whole spectrum of his feelings. It is not enough to help him become aware of his hostile feelings or his dependency feelings or his withdrawing and alienating feelings, but the whole spectrum of both his healthy and his irrational feelings. Although what goes on in analysis is often subtle and ineffable, I have found that those patients who repetitively experience their feelings develop the strength and the courage to face their inner conflicts and resolve them.

A patient of mine recently had the following dream which illustrates some of the points I have raised. She is a thirty-year-old girl who has maintained a façade of strength and superiority in relation to the people who work under her, yet she is extremely fragile and vulnerable to the slightest rejection. Unable to resolve such a basic problem, she has withdrawn from people emotionally and lives a very lonely, isolated, and friendless life. She has succeeded in deadening all these violent conflicts; most of the time she feels like a zombie. Although going through the motions of living, she herself has felt dead for many years. Recently she has become aware of this and in her struggle for a more active participation in her life has experienced a good deal of anxiety for the first time.

She dreamed: "I saw an open grave in a cemetery. This frightened me, but suddenly I became more frightened when I noticed a group of youngsters who were romping and tussling and wanted to engage me in their play." She expressed her becoming aware of her deadness (grave) and the mounting anxiety of engaging in life (playing with the children).

As with Dr. Sheiner's patient, the coming to life often engenders great terror and anxiety in the patient. It is during these crucial periods that the analyst must make his presence felt in all of his dimensions in order to give support and encouragement to the patient as he struggles for life and an identity of his own.

PEAK EXPERIENCES AS ACUTE IDENTITY EXPERIENCES

A. H. MASLOW

AS WE SEEK FOR definitions of identity, we must remember that these definitions and concepts are not now existing in some hidden place, waiting patiently for us to find them. Only *partly* do we discover them; partly also we create them. Partly identity is whatever we say it is. Prior to this, of course, should come our sensitivity and receptivity to the various meanings the word already has. At once we find that various authors use the word in different kinds of data, different operations. And then, of course, we must find out something of these operations in order to understand just what the author means when *he* uses the word. It means something different for various therapists, for sociologists, for self-psychologists, for child psychologists, and so forth. And, of course, for all these people there is some similarity or overlap of meaning. (Perhaps this similarity is what identity "means" today.)

I have another operation to report, another kind of investigation on peak experiences,[1]* in which "identity" has various real, sensible, and useful meanings. But no claim is made that these are *the* true meanings of identity; only that we have here another angle. Since my feeling is that people in peak experiences are *most* their identities, closest to their real selves, most idiosyncratic, it would seem that this is an especially important source of clean and uncontaminated data—invention is reduced to a minimum and discovery increased to a maximum.

It will be apparent to the reader that all "separate" characteristics following are not really separate at all, but partake of each other in various ways as, for instance, by overlapping, saying the same thing in different ways, having the same meaning in a metaphorical sense. The reader interested in the theory of "holistic-analysis" (in contrast to atomistic—or reductive—analysis) is referred to chapter three of *Motivation and Personality*.[2] I shall be describing in a holistic way, not by splitting identity apart into quite separate components which are mutually exclusive, but rather by turning it over and over in my hands and gazing at its different facets, or as a connoisseur contemplates a fine painting, seeing it now in this organization

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* "Peak experience" in this context is a name, a word, a concept that expresses the amount of sameness that exists among the experiences of love, insight, creativeness, orgasm, parturition, mystic (oceanic, cosmic) experiences, certain athletic experiences, esthetic experience, and some others as well. Of course, these are each personal, subjective experiences, but I, the listener, found similarities among all these experiences which I could then make into an abstract generalization. In the publication referred to, I stressed particularly the characteristics of cognition in peak experiences. In this paper, I select out what is relevant to identity.

(as a whole), now in that. Each "aspect" discussed can be considered a partial explanation of the other "aspects."

1) The person in the peak experiences feels more integrated (unified, whole, all-of-a-piece) than at other times. He also looks (to the observer) more integrated in various ways (described below and in other publications), less split or dissociated, less fighting against himself, more at peace with himself, less split between an experiencing-self and an observing-self, more one-pointed, more harmoniously organized, more efficiently organized with all parts functioning very nicely with each other, more synergic, with less internal friction, etc.* See below for other aspects of integration or conditions upon which it rests.

* This is of special interest to therapists not only because integration is one of the main goals of all therapy, but also because of the fascinating problems involved in what we may call the "therapeutic dissociation." For therapy to occur from insight it is necessary to experience and to observe simultaneously. For instance, the psychotic who is totally experiencing but not detached enough to observe his experiencing is unimproved by this experiencing, even though he may have been right in the middle of the unconscious that is so hidden to neurotics. But it is also true that the therapist must split in the same paradoxical way, since he must simultaneously accept and not accept the patient; that is, on the one hand, he must give "unconditional positive regard," he must identify with the patient in order to understand him, he must put aside all criticisms and evaluations, he must experience the patient's Weltanschauung, he must fuse with him in an I-Thou encounter, he must in a broad sense love him, etc. And yet, on the other hand, he is also implicitly disapproving, not accepting, not identifying, etc., because he is trying to improve him, to make him better than he is, which means something other than he is right now. These therapeutic splits are quite explicitly a basis of therapy for Deutsch and Murphy.[3] But here, too, the therapeutic goal is, as with multiple personalities, to fuse them into an unsplit harmonious unity, both in the patient and in the therapist.

2) As he gets to be more purely and singly himself, he is more able to fuse with the world,* with what was formerly not-self—for instance, the lovers come closer to forming a unit rather than two people, the I-Thou monism becomes more possible, the creator becomes one with his work being created, the mother feels one with her child, the appreciator *becomes* the music or the painting or the dance (and it becomes *him*), the astronomer is "out there" with the stars (rather than a separateness peering across an abyss at another separateness through a telescope-keyhole).

That is, the greatest attainment of identity, autonomy, or self-hood is itself simultaneously a transcending of itself, a going beyond and above self-hood. The person can then become egoless.†

3) The person in the peak experiences usually feels himself to be at the peak of his powers, using all his capacities at their best and fullest. In Rogers'[4]

One may also describe it as becoming more and more a purely experiencing ego with self-observation always available as a *possibility*, preconsciously perhaps. In the peak experiences, we become much more purely experiencing egos.

* I realize that I am using language which "points" to the experience, i.e., it will communicate meaning only to those who themselves have not repressed, suppressed, denied, rejected, or feared their own peak experiences. It is possible I believe to comunicate meaningfully with "non-peakers" also, but this is very laborious and lengthy.

† This meaning can be communicated easily enough, I think, by calling it the total loss of that self-consciousness or self-awareness or self-observation which is normally with us but which we feel to lower in any absorption or interest or concentration or distraction, or being taken "out of ourselves," whether on the high level of peak experiences, or on the lower level of becoming so interested in a movie or a novel or a football game as to become forgetful of oneself and one's minor pains, one's appearance, one's worries, etc. This is practically always felt as a pleasant state.

nice phrase, he feels "fully-functioning." He feels more intelligent, more perceptive, wittier, stronger, more graceful than at other times. He is at his best; at concert pitch; at the top of his form. This is not only felt subjectively, but can be seen by the observer. He is no longer wasting effort fighting and restraining himself; muscles are no longer fighting muscles. In the normal situation, part of our capacities are used for action and part are wasted on restraining these same capacities. Now there is no waste. The totality of the capacities can be used for action. He becomes like a river without dams.

4) A slightly different aspect of fully-functioning is effortlessness and ease of functioning when one is at one's best. What takes effort, straining and struggling at other times is now done without any sense of striving, or working or laboring, but "comes of itself." Allied to this often is the feeling of grace and the look of grace that comes with smooth, easy, effortless fully-functioning, when everything "clicks," or "is in the groove," or is "in overdrive."

(This is less obviously relevant to the concept of identity than what has gone before, but I think it should be included as an epiphenomenal characteristic of "being one's real self" because it is external and public enough to be researchable. Also I believe it is needed for the full understanding of the kind of godlike gaiety—humor, fun, foolishness, silliness, play, laughter—which I think to be one of the highest B-values of identity.)

5) The person in peak experiences feels himself more than at other times to be the responsible, active, creating center of his activities and of his perceptions. He feels more like a prime mover, more self-determined (rather than caused, determined, helpless, dependent, passive, weak, bossed). He feels himself to be his own boss, fully responsible, fully volitional, with more "free will" than at other times, master of his own fate.

He also looks that way to the observer—for instance, becoming more decisive, looking more strong, more "proud" (in a certain sense), more determined (in the other sense of this word), more single-minded, more likely to scorn or overcome opposition, more grimly sure of himself, more likely to give the impression that it would be useless to try to stop him. It is as if now he had no doubts about his worth or about his ability to do whatever he decided to do. To the observer he looks more trustworthy, more reliable, more dependable, a better bet. It is often possible in therapy to spot this great moment of becoming responsible in growing up, in education, in marriage, etc.

6) He is now most free of blocks, inhibitions, cautions, fears, doubts, controls, reservations, self-criticisms, brakes. These may be the negative aspects of the feeling of worth, of self-acceptance, of self-love-respect. This is both a subjective and an objective phenomenon and could be described further in both ways. Of course, this is simply a different "aspect" of the characteristics already listed and those which are to be listed below.

Probably these happenings are in principle testable, for objectively these are muscles fighting muscles, instead of muscles synergically helping muscles.

7) He is therefore more spontaneous, more expressive,[2] more innocently behaving (guileless, naive, honest, candid, ingenuous, childlike, artless, unguarded, defenseless), more natural (simple, relaxed, unhesitant, plain, sincere, unaffected, primitive in a particular sense, immediate), more uncontrolled and freely flowing outward (automatic, impulsive, reflex-like, unre-

strained, unself-conscious, thoughtless, unaware).*

8) He is, therefore, more "creative" in a particular sense.[5] His cognition and his behavior, out of greater self-confidence and loss of doubts, can mold itself in a non-interfering, Taoistic way, or in the flexible way that the Gestalt psychologists have described, to the problem or to the unproblematic situation in *its* intrinsic, "out-there" terms or demands (rather than in ego-centered or self-conscious terms), in terms set by the *per se* nature of the task, or the duty (Frankl), or the game. It therefore is more improvised, extemporized, impromptu, more created out of nothing, more unexpected, novel, fresh, not-stale, non-canting, untutored, unhabitual. It is also less prepared, planned, designed, premeditated, rehearsed aforethought, to the extent that these words imply prior time and planning of any sort.[6] It is therefore unsought, non-desired, unneeded, purposeless, unstriven for, "unmotivated," since it is emergent and newly created and doesn't come out of prior time.

9) All this can be phrased in still another way as the acme of uniqueness, individuality, or idiosyncracy. If all people are different from each other in principle, they are *more* purely different in the peak experiences. If in many respects (roles) men are interchangeable, then in the peak experiences roles drop

away and men become least interchangeable. Whatever they are at bottom, whatever the word "unique self" means, they are more that in the peak experiences.

10) In the peak experiences, the individual is most here-now,[7] most free of the past and of the future in various senses, most "all there" in the experience. For instance, he can now listen better than at other times. Since he is least habitual and least expectant, he can fully listen without dragging in expectations based on past situations (which can't be identically like the present one), or hopes or apprehensions based on planning for the future (which means taking the present only as means to the future rather than as end in itself). Since he also is beyond desire he needn't rubricize in terms of fear, hate, or wish.[2] Nor does he have to compare what is here with what is not here in order to evaluate it.[8]

11) The person now becomes more a pure psyche and less a thing-of-the-world living under the laws of the world.[9] That is, he becomes most determined by intrapsychic laws rather than by the laws of non-psychic reality insofar as they are different. This sounds like a contradiction or a paradox, but it is not, and even if it were would have to be accepted as having a certain kind of meaning. B-cognition of the other is most possible when there is simultaneously a letting-be of the self *and* of the other. Respecting-loving myself *and* respecting-loving the other each permit, support, and strengthen each other. I can grasp the non-self best by non-grasping—by letting it be itself, by letting it go, by permitting it to live by its own laws rather than by mine, just as I become most purely myself when I emancipate myself from the not-me, refusing to let it dominate me, refusing to live by *its* rules, and insisting on liv-

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* This aspect of authentic identity is so important, has so many overtones, and is so difficult to describe and communicate, that I append the following partial synonyms with their slightly overlapping meanings: Unintentional, of its own accord, free, unforced, unreasoning, undeliberate, impetuous, unreserved, non-withholding, self-disclosing, frank, non-dissembling, open, undissimulating, unpretending, unfeigning, forthright, unsophisticated, not artificial, unworried, trusting. I leave aside here the question of "innocent cognition," of intuition, B-cognition, etc.[1]

ing only by the laws and rules intrinsic to me. When this has happened, it turns out that the intrapsychic (me) and the extra-psychic (other) are not so terribly different after all, and *certainly* are not *really* antagonistic. It turns out that both sets of laws are very interesting and enjoyable and can even be integrated and fuse.

The easiest paradigm to help the reader to understand this image of words is the relationship of B-love between two people[2, 10] although any other of the peak experiences can also be used. Obviously, at this level of ideal discourse (what I call the B-realm), the words freedom, independence, grasping, letting go, trust, will, dependence, reality, the other person, separateness, etc., all take on very complex and rich meanings which they don't have in the D-realm of everyday life, of wants, needs, deficiencies, self-preservation, of dichotomies, polarities, and splits.

12) There are certain theoretical advantages in stressing now the aspect of non-striving or non-needing and taking it as the centering-point (point or center of organization) of the something we are studying. In various ways described above and with certain delimited meanings, the person in the peak experience becomes unmotivated, especially from the point of view of the deficiency needs.[10] In this same realm of discourse, it makes similar sense to describe highest, most authentic identity as non-striving, non-needing, non-wishing—as having transcended ordinary needs and drives. He just is.

Something of the sort has already been described for the self-actualizing person.[2, 10] Everything now comes of its own accord, pouring out, without will, effortlessly, purposelessly. He acts now totally and without deficiency, not homeostatically or need-reductively, not to avoid pain or displeasure or

death, not for the sake of a goal further on in the future, not for any other end than itself. His behavior and experience becomes *per se,* and self-validating end-behavior and end-experience, rather than means-behavior or means-experience.

At this level, I have called the person godlike because most gods have been considered to have no needs, no deficiencies, nothing lacking, to be gratified in all things. The characteristics and especially the actions of the "highest," most complicated gods have then been deduced as based upon not-wanting. I have found these deductions very stimulating in trying to understand the actions of human beings when *they* act from not-wanting. For instance, I find this a very illuminating base for the theory of godlike humor and amusement, the theory of boredom, the theory of creativeness, and so forth.

13) Expression and communication in the peak experiences tend often (I don't know how often) to become poetic, mythical, and rhapsodic, as if this were the natural kind of language to express such states of being. I have only recently become aware of this in my subjects and in myself so shouldn't say much about it. Another paper is relevant.[11] The implication for identity theory is that more authentic persons may by that very fact become more like poets, artists, musicians, prophets, etc.

14) All peak experiences may be fruitfully understood as completions-of-the-act in David M. Levy's sense,[12] or as the Gestalt psychologists' closure, or on the paradigm of the Reichian type of complete orgasm, or as total discharge, catharsis, culmination, climax, consummation, emptying, or finishing.[13] Contrast is with the perseveration of incompleted problems, with the partially emptied breast or prostate gland, with the incomplete bowel

movement, with not being able to weep away grief, with the partial satiation of hunger in the dieter, with the kitchen that never gets fully clean, with necking instead of intercourse, with the anger that must remain unexpressed, with the athlete who has had no exercise, with not being able to straighten the crooked picture on the wall, with having to swallow stupidity, inefficiency, or injustice, and so forth. From these examples any reader should be able to understand how important completion is phenomenologically, and also why this viewpoint is so helpful in enriching the understanding of non-striving, integration, relaxation, and everything else that I have spoken of above. Completion seen out in the world is perfection, justice, beauty, ends rather than means.[1] Since the outer and inner world are to some extent isomorphic and are dialectically related ("cause" each other), we come to the edge of the problem of how the good person and the good world make each other.[14]

How does this bear on identity? Probably the authentic person is himself complete or final in some sense. He certainly experiences finality, completion or perfection at times, and he certainly perceives it in the world. It may turn out that *only* peakers can achieve full identity; that non-peakers must always remain incomplete, deficient, striving, lacking something, living among means rather than among ends. Or, if the correlation between authenticity and peak experiencing turns out not to be perfect, I am certain at least that it is positive.

As we consider the physical and psychological tensions and perseverations of incompleteness, it seems plausible that they may be incompatible not only with serenity, peacefulness, and psychological well-being, but also with physical well-being. We may also have a clue here to the puzzling finding that many people report their peak experiences as if they were somehow akin to (beautiful) death, as if the most poignant living had a paradoxical something of eager or willing dying in it, too. It may be that any perfect completion or end is metaphorically a death.

15) During and after peak experiences people characteristically feel lucky, fortunate, graced. A not-uncommon reaction is "I don't deserve this." Peaks are not planned or brought about by design; they happen. We are "surprised by joy."[15] The reaction of surprise, of unexpectedness, of the sweet "shock of recognition" are very frequent.

A common consequence is a feeling of gratitude, in religious persons to their God, in others to Fate, to Nature, to people, to the past, to parents, to the world, to everything and anything that helped to make this wonder possible. This can go over into worship, giving thanks, adoring, giving praise, oblation, and other reactions which fit very easily into a religious framework. Clearly, any psychology of religion, either supernatural or natural, must take account of these happenings, as must any theory of the origins of religion.

Very often this feeling of gratitude is expressed as, or leads to, an all-embracing love for everybody and everything, to a perception of the world as beautiful and good, often an impulse to do something good for the world. "Life is wonderful" and is self-validating.

Finally, it is quite probable that we have here the theoretical link to the described facts of humility and pride[1, 2] in self-actualizing, authentic persons. The lucky person could hardly take full credit for his luck, nor could the awed person, nor the grateful person. Such people resolve the dichotomy between pride and humility by fusing them into a single, complex, superordinate unity.

That is, by being both proud (in a certain sense) and humble (in a certain sense). Pride (tinctured with humility) is not *hubris;* humility (tinctured with pride) is not masochism.

CONCLUSION

I wish to underscore one main paradox I have dealt with above (Number 2), which we must face even if we don't understand it. The goal of identity (self-actualization, autonomy, individuation, Horney's real self, authenticity, etc.) seems to be simultaneously an end-goal in itself, and also a transitional goal, a rite of passage, a step along the path to the transcendence of identity. This is like saying its function is to erase itself. Put the other way about, if our goal is the Eastern one of ego-transcendence and obliteration, of leaving behind self-consciousness and self-observation, of fusion with the world and identification with it (Bucke), of homonomy (Angyal), then it looks as if the best path to this goal for most people is via achieving identity, a strong real self, and via basic-need-gratification rather than via asceticism.

Perhaps it is relevant to this theory that my young subjects tend to report *two* kinds of physical reaction to peak experiences. One is excitement and high tension ("I feel wild, like jumping up and down, like yelling out loud"). The other is relaxation, peacefulness, quietness, the feeling of stillness. For instance, after a beautiful sex experience, or esthetic experience or creative furor, *either* is possible—either

continued high excitement, inability to sleep, or lack of wish for it, even loss of appetite, constipation, etc.; or complete relaxation, inaction, deep sleep, etc. What this means I don't know. Perhaps the first is not a complete discharge.

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DISCUSSION

Silvano Arieti, M.D., New York:[*] The papers by Dr. Sheiner and Dr. Maslow are of such import and can branch off into so many directions as to leave the discussant perplexed as to what to pick up in the few minutes at his disposal.

Perhaps I can mention my intriguing and rewarding sense of surprise at both papers. Why surprise at Dr. Sheiner's paper? I am used to hearing people call alienation a state of remoteness of the human being from his own feelings. And yet the patient, so vividly reported by Dr. Sheiner and described as suffering from severe alienation, is full of intense feelings. To use Dr. Sheiner's own words: ". . . a volcanic rage lurked within him." Terrifying anxiety, bewilderment, feelings for nature and beauty, hate, ever-present horror, self-destructiveness, and arrogant vindictiveness have been experienced by this patient. At my first and rather superficial reading of this important paper, I felt there was no remoteness at all from feelings. On the contrary, the feelings were very intense, although inconsistent, and in their inconsistency they were almost a feeling-salad.

At this point I felt almost alienated from Dr. Sheiner's concept of alienation. My surprise became even greater when I read that in order to improve the patient put himself into another form of alienation, into an hypnotic or trance-like state. To quote Dr. Sheiner, "through the maneuver of actively alienating, he plunged into constructiveness and destructiveness." Paradoxically, this form of alienation put the patient into a state of relatedness with Dr. Sheiner and subsequently he did improve.

No detailed life history is given, but one gets the impression that this patient is not suffering from a psychotic condition. In his complicated picture he also presented some classic hysterical symptoms, like arching of the back and trance-like states.

My third and most rewarding surprise, however, came when I finally felt I saw what Dr. Sheiner meant—and I almost went through what Dr. Maslow calls a peak experience. The patient's volcanic feelings did not constitute a feeling-salad, but a dramatic staging of the world which did not permit him to make contact with his real self and, therefore, kept him in a state of alienation. This grand scenario was meant to portray the inner anguish of the patient, but somehow didn't. There was an unconvincing quality in all his expressions, as to make Dr. Sheiner feel that in this picture there were for the patient only islands of being with himself. But, as it happens with hysterical and apparently hysterical patients, this form of alienation could be interrupted by a more evident form of alienation—the hypnotic trance. Only in this way could the patient make contact, establish relatedness, call the therapist mother. He needed the touch of mother in order to touch his inner self. Only the establishment of a very significant relatedness with another human being could make the patient willing to relate to himself.

Dr. Sheiner's paper is of great practical and theoretical interest, inasmuch as it may lead to new ways of treating this type of alienation.

A different kind of surprise was evoked in me by finding in this symposium Dr. Maslow's paper in which peak experiences are considered as acute identity experiences, that is, a method of choice in the search for identity. And yet the mystic or the religious leader who abandons his people and withdraws to a mountain, the hermit, the artist, the creative genius require a certain type of detachment which may be mistaken for alienation. As Dr. Maslow says, it is actually in these experiences that one touches the inner self, finds completely his own identity, achieves self-actualization. Dr. Maslow describes these experiences as timeless and spaceless, as detached from the ground, unmotivated, detached from the interests of man.

The contact is global, the world is a

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unity, the dichotomies cease to exist, the conflicts are solved, the personal and interpersonal fuse. Idiographic ways of feeling and perceiving predominate, nomothetic ways subside. No explanation is offered for such phenomena, and, of course, at the present stage of our knowledge any explanation can be only a guess about one of of the portentous aspects of human nature.

Let us compare relatedness with the peak experience. Relatedness makes one touch his real self and makes alienation disappear, but the peak experience does more than that. My guess is that in the peak experience the human being feels he has touched the universal. As Dr. Maslow writes, the concrete or the particular is un-doubtedly there, but it has been enriched by the fact that it has, so to say, incorporated or intuitively included the universal. And the universal transcends the individual or any boundary in time and space. For example, the sweetheart is not only the loved person, but love itself; the discovered truth is not a true discovery, but truth itself. The intellectual, using nomothetic methods, may also touch the universal, but it is a universal deprived of the concrete or particular experience and, therefore, has not the richness of the peak experience. We may also say that in the peak experience the human being acquires awareness of his inherent capacity for infinite symbolism.

ALIENATION AND GROUP PSYCHOANALYSIS

LOUIS E. DEROSIS

IF WE WANT to give meaning to the phrase, "self-alienation," we must posit the existence of a process from which the self-identifying self feels its own separation, or its alienation. In so doing, we describe a self capable of recognizing or sensing, if only remotely, that it is missing some vital connection to its own existence. The necessity for making this connection is so essential that the self undertakes the task continuously. The implication is clear. If an individual has the awareness that he is missing something, then that something has existence. But the connections to it elude his grasp.

Another approach to the question of alienation may also be postulated. That is the approach of the beholder who makes the observation that the other is "alienated." The person who is thus beheld may have no such awareness, and would have no way of appreciating such a reference to him. I believe that every patient who comes to us for treatment does so out of a sense of distress, engendered by those processes affecting his feeling of disconnectedness from a sense of being, which springs from his "real self." This sense of being is something for which he hungers with indescribable intensity.

The term "real self" was used by Karen Horney. It was not intended to connote a static structure as the phrase would seem to imply. She intended it, rather, to denote the principle of human existence which contains all the essentials of being, including such capacities as spontaneity, courageousness, wholeheartedness, self-determination, self-direction, and so forth. The "real self," then, is an exquisite integrating of the essence of humanness for which mankind has been struggling since the time that the capacity to become so involved has come into being. Indeed, it may well be that all of this struggle is precisely the wherewithal that generates consciousness itself.

Thus, the alienated person has taken leave, or separated himself, from this "real-self" way of being which, if he could but know it, would be glad to become. Two questions arise: Has the patient ever experienced such a way of being, which he now wishes to revive or rediscover with our help? Or does the patient come to us because he wants our help in restoring him to a way of life he feels to be the ultimate—or the "greatest," to use the jargon of our time. Successful persons will occasionally pose the question when referring to some apparent achievement: "Don't you think I have it made?" But closer to their feeling would be the statement: "I want this moment of effulgence to be the whole of my existence." And heaven help him if it is not!

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I believe, for the most part, that it is from the latter position that the patient experiences his alienation, his sense of estrangement. For it is to this ultimate to which he wishes to return and for which he will contribute his hard-earned money, his time, and his effort. Before long, the patient will find it more difficult to part with these as he begins to see that he is not coming much closer and, in fact, if the analysis is effective, feels ever farther away from this goal of getting to feel that he "has it made."

The next phase is the most critical, for it will determine the direction the analysis will take. The doctor's involvement with the patient helps the latter to be more open to *possibilities*. In so being, he will then move in the direction of relinquishing the above-mentioned pursuit. If the doctor cannot involve himself, the patient either will leave analysis or become successfully involved in furthering the pursuit of the "greatest." These latter analyses I would label interminable. No one will risk giving up a partner in such a cosmically important project, or at best, only rarely. In all cases, with the possible exception of the patient who leaves analysis soon after starting, the sense of estrangement, of alienation, will abate, but in both instances with entirely different outcomes. The person who is frenetically being successful at "making it," and who therefore encompasses this kind of being, cannot have the inner freedom with which to feel this sense of estrangement.

The other, the person who eschews "the greatest" in behalf of the possible, feels at first a heightened sense of alienation, and then a diminishing one, as this feeling is supplanted by feelings of longing and of emptiness. Finally, these give way to a feeling that he exists in relationship to the world of man and that his life is inextricably bound up with man. If he would have an absolute in his being, it is the one that man's consciousness has arisen out of the consciousness of other men, like the fire of Prometheus. And like the fire it is dependent on other men for its propagation, as well as on himself.

We have iterated something which seems so apparent that we wonder what has happened in man's evolution that this simple fact does not remain once it has come into his awareness, becoming thereby the eternal torch to light the path of his existence. I believe the difficulty stems from the fact that the processes which are antithetical to this one have a much longer history and a stronger hold on man's being, and it is for this reason that they are the harder to outgrow. What will save us is the fact that we do require each other to give meaning to our existences. And by meaning I refer to that sense of struggle to achieve an intimacy of feeling between man and man, as well as with things. For the feeling of being which stirs within us can be only as deep as those meanings we can both touch at once.

It is precisely this need for the other, this desire to experience one's own being in relation to the other, that makes group psychoanalysis meaningful in the pursuit of undivided man. All else is a mere preparation for these experiences with the other. But all too often these preparations are mistaken for the act of being with the other, and the mere physical juxtapositioning of the two is taken for the act of being. This is one reason for the hold that sexuality, in its many forms, has come to have on man. This hold becomes as great as his hunger for being. Sexuality is an activity which requires a variety of juxtapositioning and because of this variety, many feelings can be hung

upon it. The degree of aura which surrounds the sexual act attests to this hidden hunger for being. This is a tragic development in man, for it is but fantasy nutrition for a being-starved soul.

In any relationship that is fraught with possibility, the correspondents are moving in the direction of more and more availability to the other. This occurs in the sense of an interest in the wholehearted processing of more and more personal data as it is brought to bear by the other.

In order to describe certain aspects of the group situation in which awareness is broadening, it is necessary to posit some assumptions. First, that all of human being, of human existence, is the emergence of a social or dyadic interrelation. It is only by knowing each other—and I mean this in all of its potential aspects—that it becomes at once ultimately and immediately possible for us to have and to know ourselves. Second, that this social interrelation is describable in such terms as history, tradition, revolution, openness, closedness, and so forth. Third, the nature of the interrelating means, as described above, will come to label the myriad nuances of human feelings. It is necessary to iterate the use of the term "human," because the term feeling has also been applied in animal experimentation as well as in reference to our pets. But our pets can process only a very limited number of "feelings," which are of another order. The human being can process different kinds of feelings having the intrinsic characteristic of permitting continuing change. This broadening of awareness, in my view, represents a shift in the orders of human feeling-phenomena which the person is currently capable of processing and thus of changing.

We are all seeking today some means of shifting this order of awareness for ourselves. And there is good reason for this. It is because we delight in this reorientation. We call it stimulating, or exciting, or enriching. Essentially, it is fun, enlivening. It is the basic nourishment of our existence. If this process does not have some reference to these criteria, it cannot then be considered an aspect of the broadening of awareness. It belongs under another heading. I call this other alienation. It describes the throttling and then the shrinking of this feeling-sense of awareness. It may *appear* that a person is, second by second, broadening his capacity for this feeling-sense of awareness. Such is not the case, however. Many of us consume our lives in processes which are somewhere in between, neither fostering alienation, nor fostering awareness. Much of human existence is a matter of routine and of ways of living which are not involved in the pursuit of this awareness and this excitement. And beyond this, it can become engaged in the fostering of a sense of dullness, a kind of benumbed existence which, for its very unobtrusiveness, rarely comes under anyone's purview, least of all that of an analyst. These are the persons who exercise their "franchise" in living as they exercise their dogs, as something to be done, because it is good for the dogs or for themselves. It is their duty to vote each November. The important thing is to vote. It matters not for whom. In becoming more whole, the spectrum moves from alienation to awareness, from the alienating to the becoming more aware. Conversely, a person may move toward alienation by diverse routes, by the dullness route, by struggling for sheer survival, and, finally, by the route of those processes which are described by the development of the neuroses or the psychoses.

According to the Horney theory of neurosis, the central dynamo of the

alienating process in neurosis and psychosis are those processes which foster the compulsive addiction to any single process. This is in contradistinction to a capacity to feel free to turn to any of an infinite number of these processes, as the shift in our spontaneity would determine. In other words, it is our belief that compulsiveness is the aspect, sine qua non, of all neurotic development. In psychiatric nosology, we have the term "compulsive-obsessive," as if compulsiveness were an aspect of a single and distinct entity. In a broad sense, compulsiveness is to neurosis what spontaneity is to wholeness of being. In a crude way, the compulsive response resembles what we observe in the Pavlov experiments with animals. It delights me to notice that the "neurotic" phenomena resulting from the work of Pavlov and others do not occur in nature. These phenomena depict the statu essendi of the experimenter more than the being of the dog. And the person who appears as a conditioned-reflex phenomenon is also the product of a conditioning process. The difference between these two conditioning processes is that ultimately the human being becomes the product of his own self-conditioning. There is also the added distress in that he mistakes his self-conditioning process for something inevitable, as a "visitation" of some kind toward which he *must* orient himself without regard for his autonomy.

At the outset, the group members have little capacity for the processing of the data constantly being made available to them by the others. A measure of the group's growth can be had as this capacity becomes more developed. In the group situation, we observe the difficulty the patients have in "listening" to each other (i.e. data processing) at the outset of the group's existence. The difficulty is expressed in terms of bore-

dom, restlessness, hearing only certain aspects of the other's presentation, omitting other aspects, exaggerated hearing of certain aspects, or taking out of context one piece of data with respect to other pieces. And then, like a primitive doing a dance around an idol, the other patients reciprocate with associations that make a very limited kind of sense. In other words, the patient who speaks is responded to in a manner that usually complements his particular neurotic drive of the moment. This complementation may occur in negative or positive terms.

So it can be stated generally that when we bring together a group of persons for the sake of therapy, we know we have in our offices individuals who are alienated from their real selves and/or from their "great" or absolute selves, and who look forward to achieving this latter development. The problem is sometimes intensified when the patient has caught a glimpse of this real self from the vantage point of "the greatest." He feels the horror of sinking into the quagmire of ordinary human existence, a fate worse than death. There is nothing more nauseating to him than the prospect of being with problems and difficulties and, worse still, of being with differences. He is to be beyond comparison, beyond differences. If the group members are too insistent on "humanizing" a new member of the group, there will usually be untoward repercussions. Such a patient will either withdraw from the group, or find the group meaningless and of no relevance to his problem, or start a campaign to convince the group of his being, in fact, utterly different from the rest of humanity, or feel misunderstood and unable to explain to "hopelessly confused" people, and so forth.

Once, during one of the initial hours of a therapy group, a patient regurgi-

tated part of her dinner. It happened several more times before she was able to "regurgitate," instead, her responses to the various stimuli with which she had become involved. And in so doing she was able to spare herself the loss of her food. Food can be experienced as undesirable when it proves one's humaness, one's *bondage* to humanity. Just as overeating is another way of casting off one's humanness by likening oneself to a swine, which must be filled with swill until it almost bursts.

The responses of the various group members to this woman's regurgitation revealed the meaning of their being at that moment. There were those who moved not a muscle, those who insisted on helping, those who scolded her, and those who scolded the doctor for permitting the occurance. This was an unforeseen development which could have wrecked the career of the group. It did, in fact, cause two members to withdraw. Following this, there was a look of deep triumph on the patient's face, even as she was loudly deploring the "awful thing" she had done. The more she deplored, the more she was told by some that she was being unduly apologetic. Others felt she could have controlled herself, and another admired her forthrightness in being able to be "spontaneous," for it was something she had never done, no matter how sick she had felt.

An occurrence such as this one can be viewed as an emergency, as it was by many of the group members, but it can also be viewed from the standpoint of the root of the term "emergency," the root being the emergent—the coming into being. The occasion provided a single point of simultaneous contact on the part of all the group members. All gave forth with responses, and varied as they were, they nevertheless all related to this highly focalized and concentrated experience. They felt the actuality of a unity of experience from which there was no escape. All experienced a new aspect of being in the presence of the other, concretized at once in these diverse ways.

Group psychoanalysis, or *concurrent psychoanalysis,* as this writer prefers to label it, affords the psychiatrist another access to the patient who suffers alienation from his "real self." This other access is provided by the effort produced by the presence of other patients. Another outcome of such a grouping of patients is the ever-present possibility that the group may disband or "blow up," as one patient once described it. In the one-to-one therapeutic situation, this possibility also exists, but the unforeseeables are reducible to a considerable degree. This does not obtain as readily in the group situation. The factor of the uncontrollable, the unexpected, as well as the spontaneous, has a greater potential for occurring than in the one-to-one relationship. This greater potential, in and of itself, would be sufficient in this writer's view to make the meaning and use of *concurrent psychoanalysis* a crucial one. Especially is this so in connection with the problem of alienation, for nothing is more antitheical and "curative" in the life of the alienated patient than the spontaneous. By *concurrent psychoanalysis,* I mean the process of conducting six to eight individual analyses concurrently, using the analysis of one patient, wherever possible to further the analysis of another.

Group psychoanalysis offers the potentiality for more of the unexpected. Some reactions may not be considered spontaneous, but one person's compulsiveness may evoke another person's spontaneity. For example, if one patient is compulsively quiet, another may react to this with anger for his

own reasons. On one occasion, a patient noticed how her soft-spokenness evoked anger in others. She was surprised at this because she had glorified her "helpfulness." But their reactions helped her to see something about herself, thereby decreasing her alienation from this image that softness was not "its own reward."

Some patients complain of feelings of unreality. What they are usually feeling is disconnectedness from their idealized image. The patient wants and strives to be reconnected with this image of himself. When he begins to connect with the real self, he experiences not alienation, but a sense of ignorance, of puzzlement, of longing. From here, he feels he can make excursions into his bewilderment with the sense of positive hope. When the patient is driven to imitate an image of himself it is often accompanied by a sense of haunting dread or of an effervescence which has no limit. In the instance of the compulsively helpful patient, we have an example of one who is coming to the point where she can venture to set aside one of her most prized modes of integrating in favor of another which holds promise of going beyond itself.

If, at the outset, the group is left to itself, without the doctor in attendance, it would disintegrate. That it does so is inherent in the factors that brought about the difficulties in the first place, and that will preclude the group's remaining together. The feeling of separatedness is always at work to keep the patient isolated. The feeling of hostility is always working to keep others at a defensive arm's length. The feeling of powerlessness members enforce upon each other by various demands and expectations leads to feelings of deep apathy and impotence. All of these factors at work, and others, would lead to eventual dissolution of the group.

In the face of these urgencies, the doctor presents himself in the group. It is his task to bring himself to bear in such a manner that these factors of incalculable fragmenting power do not attain explosive proportions. The doctor's development will be most strained at these moments if he engages totally in the therapeutic situation. His existence as a doctor, as well as the continued existence of the group, is at stake, whether the members are emerging from an impact with renewed vigor, interest, and courage, or withdrawing or disbanding in confusion, fearfulness, isolation, and debilitation.

In contrast to the fragmenting propensity of the group, we have another characteristic which can be, in a certain sense, equally disrupting. That is the tendency toward cohesion in the group. This cohesion is manifested when the group members become caught up in the affirmation of mutually satisfying "self-loving," compulsive needs. For example, when they band together to feel that somebody in public life, or occasionally the therapist, is the proper cause for their discomfort, they can then all commiserate together. At these times, the group is held together by bonds of mutual self-righteousness. Examples of this kind can be multiplied many times. The doctor must elect at these times whether to let the group go on having this experience of "togetherness," if he wants to highlight the possibility of such an occurrence for its very own sake. Or he may elect to fragment the occurrence by injecting questions which could cast doubt onto its being.

When the patients band together on this basis, they are deepening the alienating processes even as they appear to be deepening their affective ties with each other. Individual members are moving away from a potential relation-

ship to the world for the sake of the immediate experience of banding together against another. A lynch mob is an example of such togetherness. There is a play back and forth between the factors which induced the alienation in the first place, and it is constantly being reinforced or diminished in the group. The doctor is the mediator in this back and forth movement between the patients as they bring themselves to bear upon each other. At the outset of treatment, patients are most connected to a choiceless way of relating to the world. Or, they operate on the basis of a compulsive impingement upon each other. For this reason, the group tends to fragment or to cohere into the unholy alliance of the lynch mob, if compulsive impingements are of such an order as to permit a compulsively determined group cohesion.

In his effort to keep the group's multi-alienating processes from disrupting the group, the doctor attempts in the early hours of the group experience to utilize the compulsive needs of the individual in order to help the patients identify the various processes which, when demobilized, will admit others capable of change. The function of any analysis, concurrent analysis included, is to elicit from within the patient the existence of opposing needs, so that with their gradual impingement upon each other in the group situation the patients come to realize, first, that these opposing drives are precisely that—opposing drives—which owe their existence to their function, which is to oppose. All compulsive drives exist to oppose whether they are formed as compliance, as withdrawal, or as hostility. In a sense, the hostile drives may be said to be least opposing, for their content is more clearly identifiable as opposition. The other forms, however, are not so readily identifiable, and

bring with them added difficulty in the form of confusion, deviousness, and elusiveness, making their resolution that much the more difficult. Second, the patients realize that they mutually exclude each other in their opposing each other, and, third, that in the act of mutual exclusion they implicitly cause the devolution of any holistic orientation which could be evolving. However, effective therapy will cause the patients to realize that in the same nihilism stemming out of the clash of opposing drives, there exists the hiatus in which another course, one truer to being and one born of spontaneity, can and will emerge.

One patient complained that she was losing her identity. She had feelings of a fleeting nature that she was forgetting her name, her sex, and that she was losing her vision. On occasion, she would see double. She described this to the group. The group members felt sympathetic and came in with similar experiences. Patients do this when they want to reassure. This is part of the "we're all in the same boat" phenomenon. The patient felt less isolated at this point, with a resultant diminution of her anxiety level. She no longer complained of double vision at that moment. However, this was not a positive move for the patient. The dynamics, as they emerged during the group session, substantiated this position. The patient first saw in this double vision a male patient with one eye and a female patient with the other eye. This is not really a double image. She had thrown her eyes out of focus and was seeing a different person from each eye.

This woman is obsessed with the idea of achieving an ideal of perfection. She has embodied this ideal in a woman friend, whom she cultivates with the hope of somehow acquiring this idealized trait for herself. the patient

cannot experience this perfectionistic striving within herself, nor can she appreciate the basis for her interest in this woman. She sees this attachment only as a homosexual tendency, which comes into conflict with her interest in being heterosexual, through which she may effect her dependency needs—to be "loved," and so forth. The latter is the more workable orientation. When she experiences the conflict, she is momentarily seized with feelings of unreality and the experience of so-called double vision. These are extreme forms of alienation. Finally, she fixes her gaze on the man in the group and thereby terminates her conflict. Of course, this does not constitute a resolution of conflict, but only a mode for successful repression in which a group member is utilized by the patient for this purpose. Clinically, we would regard this "resolution" as a move away from the real self, and as a lost opportunity for the possible evocation of more holistic factors in that patient, as subsequently occurred several months later.

During a similar experience, a group member, speaking of his homosexual inclination, made the remark that he idealized his homosexual partner. This gave the former patient the courage and impetus to observe that she was despairing of ever being like her woman friend. At this point, other members inquired into her despair, and it came to light that she was idealizing these traits in her friend. This then gave her a new and shared perspective from which to reorient herself, and she became more interested in scrutinizing the content of this idealization. Her so-called homosexual inclination has not recurred since that time.

Patients have, in addition to their own inner conflicts, the conflicts of the culture to cope with as well. These latter may be defined as those generally accepted modes of being or of survival. The individual is a pawn in the propagation of the continuance of these cultural conflicts. For example, in our culture it is considered desirable to be looked upon as a gentleman, soft-spoken, considerate, modest. But, at the same time, one must be assertive, aggressive, decisive, ambitious, driving. It is essential that one develop his intellect, yet at the same time this raises the risk of being considered a "sissy." If one professes a religious adherance, one must be able to set it aside if it suits the convenience of the pursuit of success. One conflict is the essentiality of material wealth, on one hand, and shunning of materiality as ostentatious, on the other. One patient wanted to be like the other boys and to have a weekly allowance. This was refused him. Because of his need, however, he could not accept this and proceeded to steal money. This made more money available to the patient than he would have had with an ordinary allowance. The patient soon discovered that this money gave him access to things that were not available to the other children. Before long, possession of these things was used to embroider a feeling about himself which made him feel unique. This demonstrates how this patient, in his struggle for self-identity, misappropriated a feeling of superiority and uniqueness for a sense of self-interest. These kinds of self-identity are then redirected into the world, thereby reinforcing through the auspices of the individual the drive originally induced by the culture. In the final sense, the individual is the motor for the perpetuation of any cultural factor, for he reendows the culture with the new and additional impetus he has developed for his own "survival."

In one group, a female patient is becoming interested in an "eligible"

young lawyer. On the other hand, she considers him a "conceited ass," but at the same time, she is coming to group sessions better dressed. During the session she is constantly berating him, but in private sessions, she berates herself for this on the grounds that this is crude behavior on her part. The notion that she is crude is the outcome of a compulsive drive to be soft and compliant. If she is not, then she is crude. In the group session, she reacts to the lawyer's narcissism because she has a need to debunk people who have any "good" feelings about themselves, exaggerated or otherwise. But then she views his attitude as the means for her salvation, for through such a person she would gain access to what she would then call self-fulfillment. In the individual session, the patient is interested in obtaining the doctor's help to diminish or eradicate her debunking tendency in order to effect a "purification of self." The patient would take this as a sign of her "emotional growth." In truth, she could then possibly interest the lawyer and attain her end of self-fulfillment through him. In so ridding herself of one aspect of this now intrapsychic conflict, she enables herself to prove the other aspect without being molested by the former.

It is this inner conflict to which the analyst addresses himself when he decides to suggest group treatment to his prospective patient. Although the patient is prone to lay responsibility for his dilemnas at the door of his parents, siblings, wife, or employer, he does not truly appreciate the accuracy of his feelings. He is too busy blaming to recognize the real responsibility of the other for his difficulties. We are all familiar with the struggle the neurotic patient—let alone the psychotic—has had in obtaining sheer existence in our culture. This condition is one which,

by a series of complex routes, underlies his current problems. He becomes the victim, as well as the victimizer, of his own self as well as the other. Treatment, if it is to be effective, must help him to experience the contradictions which are harbored by our civilization. It must also help him to perceive how he has come to contort himself into the miserable creature he is in his attempt to make this distortedness harmonious.

The group situation is a segment of our culture which remains together as long as the therapist has the skill to prevent the group from fragmenting. This fragmentation may be noted as a response to these inner conflicts, all too quickly transmuted into interpersonal ones, and finally into grossly cultural ones. The test of therapy occurs if the analyst can use his intuition effectively to find some openings in the jungle of hate and fear in order to reestablish some access to the now lost freedom of choice. As we have seen from this symposium, the ultimate success of the neurotic process depends on achieving a choiceless state of being. The real struggle of group therapy is the struggle to keep open the avenues to choice and to the acts of decision. It seems uncanny how deftly the group members can band together to terminate the openness of choice. Or, if it does not work that way, they will just as quickly fly apart and compel a pseudo-unity by withdrawing to their own ivory towers.

During the first few minutes of a group session, the group will indicate the quality of purpose and mood of its current being. The doctor is required from these indications to determine the nature of his participation. In one instance, a group had taken its accustomed places and then was quiet for a longer period than usual. The doctor met the silence with a request for a dream. The following dream was related:

"I am watching a TV program. At first, it was in black and white. Then it became a color program. The colors were not like real colors, though. Then I discovered this was a closed-circuit TV program and that I was part of it. I could see myself on the screen. It was startling, for I knew it must be I from the position I had to the objects about me. It turned out that the objects were not objects but people, people in the group. Finally, I turned around and I saw that you were there and the thought occured to me, 'This does not have to be make believe, it can be real as well.' So I talked to you and to the others, and I felt I belonged there, not as an actor, but as a person. I felt strange, as if I were naked, but I felt also peculiarly free, not free like when I drink, but free as I felt when I was eight, when vacation time came and I did not have to be with Miss X. in that old, dark school. That is why I love summer so. It's not that it is summer, I see now, but that I am free to be my-self."

After the dream was told, the lines of tension among the group members abated. The frozenness of hate was re-placed with numerous associations to vacations. The group left, having had the experience of enclosing itself, and then of freeing itself with a movement toward being open in the world.

In summary, we may say that in speaking of self-alienation, we must posit the existence of a process from which the self senses its own separation. This process was described by Karen Horney when she defined the "real self." We must determine when our pa-tient comes to us for treatment whether he is seeking to establish connection with this self, which is of his very own essence, or with his various idealiza-tions of himself. Treatment is effective only when we can help the patient move in the direction of the former goal. The patient will be interested in this goal only when he discovers that his feeling of wholeness is inextricably bound up with man, and that we require each other to give meaning to our existence. The shifting of the order of our aware-ness has its reward. We delight in this reorientation. We consider it as basic nourishment for our existence. An openness obtains which is the antithesis of compulsiveness, which is the aspect, sine qua non, of all neurotic develop-ment. In a broad sense, compulsiveness is to neurosis what spontaneity is to wholeness of being.

The group members, initially, are a closed unit. As treatment proceeds, they are able to process more and more of the continuous stream of data flowing in their direction with fewer distor-tions, and, thereby, with greater open-ness. Further, the patient grows more able to be with the unexpected for which there is a greater potential in group than in individual treatment. In the group, each patient attempts to perpetuate his neurotic way of being. But with the help of all of the group members, as well as of the doctor, each patient comes to feel himself and comes to know what he is doing in a living situation closely akin to the world in which he would live. His living in and with the group often provides him with the strength to live with himself and with others in a more wholeheartedly satisfying manner.

ALIENATION AND THE GROUP ANALYTIC PROCESS

BENJAMIN J. BECKER

WE SEE ALIENATION in its various degrees and forms as an almost universal malady. The alienated person has moved through his years of development away from what is natural, unique, and inherent in him as a human being. He cannot lead an authentic existence, as the existentialists would say. He cannot be himself; he is not true to himself. He is not in good relatedness either with himself or the people around him. "Relatedness pertains to the quality of any relationship whether interpersonal or intraorganismic. It is a state of being in more or less close relation with one's real or healthy self. It is therefore a positive quality as against alienation, a negative quality. Unhealthy total growth of an individual, which includes personality development, results in decreased relatedness."[1]

What is the motivating force behind alienation? In growing up there is a desperate need to find and use defenses to maintain oneself in an ever changing world. The growing child experiences the world as ever changing when actually it is he who is changing as he grows from stage to stage of life maturity. Something new, something appropriate to each age level, is expected of him in his journey through life and he must cope with this. The forces that play on the growing individual are both biological and cultural. If there are ob-stacles or impediments to growth, the child will experience anxiety. This may be consciously perceived in child or adult, or repressed and thus unfelt, except as it emerges dynamically in the form of symptoms or character changes. However, anxiety in either form is a constant companion to alienation throughout the years of growing up, as well as in adulthood.

While we think of alienation as omnipresent, the result of a continuous process of character defense structuring, there are extreme and drastic forms of alienation like psychoses. Here the character defenses, which until now have managed to maintain a shaky personality integrity, have broken down. The psychotic individual has become flagrantly and severely a stranger to himself and to those around him. We frequently hear many non-psychotic patients describe panic reactions wherein they basically fear they are breaking apart. They are walking in the street, suddenly go into a sweat, feel their knees giving way, begin to tremble, and must clutch something for support. Such a person feels the threat of losing his integrity as a more or less unified personality. On an unconscious level he is no longer able to trust his usual personality defenses, which have maintained him at a level of alienated equilibrium.

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The consequences of alienation affect all areas of living, but they are most apparent in one's impaired relations with other people. Thus, the patient who finds himself in the close, intimate, and frank atmosphere of a psychoanalytic group has a unique opportunity to develop real insight into the nature of his own alienation. In the group, people experience the quality of their relations with others in a constructively oriented setting. The alienated person usually has no feeling for the way he is living. In therapy he clings to conceptual, intellectual frameworks, seeking didactic answers to solve his problems. He distrusts and he is fearful of what he calls intangibles. He shrinks from what must be perceived and intuited rather than learned, like a formula or a fact.

In a psychoanalytic group, the impact of the patient's alienation is felt in contact and interaction with the other people. The contact is both verbal and non-verbal. The level of communication in the more severely alienated persons is particularly poor. They tend to be overly abstract and sterile in their verbalizations. They are unclear, poorly organized, and frequently blocked. Sometimes they will ramble on until some member of the group interrupts to say he does not understand what the patient is talking about.

Although there is often an exchange of warmth and sympathy among group members, many are too alienated to feel real sympathy for the others in the group. There is a constant interplay of positive and negative forces within the individuals and the group as a whole. At times, patients experience interest and feeling for another member. At other times they become isolated little islands of humanity. Many people are suspicious, distrustful, and easily threatened. They may misconstrue the statements and attitudes of others. One woman, newly arrived in a group, felt disliked and rejected because some members told her that her accounts of her troubles with her husband were one-sided. Sometimes people feel urges to attack or to withdraw in the group. They may identify with some members or externalize some of their own problems onto another member.

The alienated person reveals much confusion in his values and this becomes evident as soon as he joins a group. His relationships are frequently based on the constant need to nurse and restore hurt pride. Genuine giving, without some bargaining factors, is very difficult for him. There is considerable mistrust and the feeling of being taken advantage of. We frequently hear women who moan about their doubts of themselves as women. One forty-year-old housewife told me, "I always felt pregnancy was something a man inflicted upon a woman to show his superiority." People who suffer much alienation feel unsure about many things. They cannot express an original, definite opinion, nor have they allowed themselves to develop a critical sensitivity or a taste that they can feel comfortable with. Instead they try to conform to the opinions or tastes of others.

Patients feel alienated from their analyst, as well as from their peers in the group. In some ways the alienation is more striking in their relations with the analyst because they feel a tremendous chasm between him and them. It is only after patients have reduced their own alienation that they can begin to relate to the analyst in a more rational, spontaneous, and accepting manner. Until then patients tend either to raise the analyst to unrealistic heights of admiration or to drag him down to the depths of rejection.

What does a patient want from the analyst? Naturally, this will vary with

the specific personality needs of the patient. However, basically he desires warmth, understanding, acceptance, and evidence that he is not as unlovable or unworthy as he is afraid he is.

It is of some interest to view the group as a whole, as well as the respective members. The group entity reflects the alienation of its members and also its own lack of relatedness in a particular dynamism of its own. In the early sessions the group functions in an alienated manner. It is like an amoebic, amorphous mass which gradually begins to assume a direction under the influence of the analyst and the constructive forces of the patients. The destructive or fragmenting forces in the group are always lurking, sometimes more apparent than at other times. When the group is blocked and retarded by the influence of its own alienation, rationalizations, externalizations, inertia, and hopelessness are particularly dominant. As the individuals in the group reduce their alienation and become better related to one another, the group becomes a more cohesive, constructive unit. One senses an emergence of warmth and positive feeling during the sessions.

Dreams are an excellent measure of a patient's alienation, as well as guides to the amount of reduction of alienation during therapy. The following is a dream that a severely alienated, forty-year-old unmarried man brought into the group:

"A friend and I are going down a tree-shaded residential street. His house is there, with the back garden going down to the water. On the other side there is a vacant lot surrounded by a hurricane fence. The gate is locked. There is nothing inside. I see a sign: 'entrance absolutely forbidden.' I climb over the fence and start walking across the lot. I hear a voice: 'What are you doing there?' I look up and see a prison tower. I said, 'We're just looking around.' I didn't feel so shook up."

The dreamer has some unconscious awareness as to the extent of his deadness and emptiness. The vacant lot, the fence, the locked gate, the sign forbidding entrance, and the prison tower are all significant of his alienation and the tremendous isolation he had developed. There are constructive signs in the fact that he was able to climb over the fence into the lot and that he could even have this dream at all.

The members of the group will associate to each other's dreams, but the extent of their interest and the quality of their associations will depend on the analyst's own attitude toward dreams. He must indicate his interest, should demonstrate their importance, and should render his own interpretations judiciously to help clarify what seems hopelessly complex and intangible to the patients.

How does group psychoanalysis help reduce and resolve alienation? It is a process of regrowth and reorientation. It promotes a development of confidence in oneself, in one's wholeness and integrity as an individual. The patient moves away from the shaky, fragmented personality he came into the group with. In the group, people experience a feeling of belonging and acceptance which makes it less painful to confront oneself. Because of the catalytic effect of the impact of personalities and emotions of eight or nine people, the group atmosphere is often highly charged and intense. This reduces the ever-present tendencies toward intellectualization and externalization, allowing deep and genuine feelings to come through. Patients develop an increased ability to withstand criticism and they become freer in their relations with other people. Most patients who have experi-

enced group psychoanalysis develop greater relatedness and thus communicate more genuinely and effectively with other people.

REFERENCE

1. Becker, B. J.: Relatedness and Alienation in Group Psychoanalysis, Amer. J. Psychoan., Vol. XVIII, No. 2, 1958.

DISCUSSIONS

LOUIS R. HOTT, M.D., New York:[*] These four principal studies just presented are absorbing observations about alienation and its resulting effects on the total personality when viewed individually. However, I would like to view these papers collectively and as an integrated, symbolic composite in a study of the alienated patient in therapy. For example, Dr. DeRosis' comments are good illustrations of the alienated patient who first enters therapy with his overt and covert reasons for seeking help. Dr. Becker's paper illustrates the interaction of the alienated patient to the group situation which could represent environmental influences. Dr. Sheiner's paper is an engrossing study of the methods, and possibilities, of working through and within the alienation process itself in analysis. And, finally, Dr. Maslow's paper can be viewed as the symbolic expression of the immediate results of the therapy of alienation—when alienation subsides and the patient, freed of constricting and obstructing forces, can release the energies of his constructive self, with its spontaneity and well-being, with its capabilities for enjoying life in all its aspects. As a result of this realization of his real self and real potential and the sudden experience of this new-found freedom, an ecstatic experiencing of peak expression results in "being" for the first time.

To be more explicit, Dr. DeRosis brings to us an interesting concept of the patient entering treatment in search of a self which he says he may once have experienced and wishes now to return, or to rediscover, and from which he feels separated and alienated. The past experiencing of self and sense of wholeness that have been blotted

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out leaves the patient in a state of inaccessibility to his true feelings, which gives him the incentive to search for the loss of this self in therapy.

This concept brings up many interesting thoughts. In the alienated patient a pervasive feeling of despair exists not only in being unconscious of having a self, but often in not even being willing to be a self. Dr. DeRosis feels that patients come to us in order to find that lost self they once had. It is true that a person who has turned away from the real resources he once had may be cognizant of what he has lost, and may attempt to regain this—just as the individual who has lost the vision he once had will remember visual images and long for them. In contrast, the person who never had the opportunity to experience or crystallize his resources will have no memory of something he never experienced and, therefore, cannot long for that which has no conceptual meaning for him. His life may have been limited to only an imitative and vicarious process. His prognosis in therapy is less favorable.

Another point to consider is that it is conceivable that the real self, with its constructive potential, is so immaturely developed in our patients that the experiencing of this self-concept is an enigma.

It is quite clear that alienation develops mainly after the idealized concept of self becomes more and more the solution to our patients' integration as a developing self. This developing glorified self is to the patient the only worthwhile self he can accept when he comes for treatment. As a result he must not only move away from his true self, but make inordinate efforts to shun it at all costs. There are two basic reasons why this must occur:

1. He cannot associate himself with that part of himself which contradicts and im-

pairs his conceptual image of his perfect idealized self, and therefore he must renounce his real self, the only part in him that can and wants to grow.

2. Secondly, he invests all his energies, interests, drives, and life in his idealized self, which holds for him the fulfillment of all of his omnipotent dreams.

Thus, patients come to us with a bilateral goal: First, to realize one's true self and true potential and, secondly, and more in dominance, the need to reestablish an ever-constant, shaky equilibrium of the idealized self with its structure of neurosis supported by those alienating forces of his own compulsiveness, glorifications, and hatreds of his true self. The incentive to affirm a true self has to be patiently awaited in treatment.

Dr. Becker shows us how a group experience can bring the patient's alienation to his awareness for the first time, as well as the realization of the alienation of the group itself. The feeling of belonging that exists in group can help the patient to begin to face not only his alienation, but himself. His concept of the catalytic effect emanating from the group brings up the question of unconscious dynamic forces of groups and environment, with their resulting influence on the individual. This influence may be of a positive nature, but it also seems to me that the group may foster alienation in some people who have dependent needs to rely on groups for their way of experiencing life. Of course, an alert analyst will be aware of this and work it out with the patient in therapy. Dr. Becker emphasizes what the patient wants from us is not only warmth and understanding, and acceptance, but a relief from his feelings of unrelatedness and unworthiness, which he may find in a group experience.

Dr. Sheiner's paper shows, in an intriguing fashion, how vividly a severely alienated patient attempts through his alienation to avoid inner conflicts and at the same time tries to maintain his inner tension at a minimum, with the resulting loss of his spontaneity. Her patient uses his alienating powers in the form of trance-like states as a self-protective process, where he hides his real identity and even may create false illusions about himself, while at the same time maintaining a confusion and befogging of the real issues and values at stake. Through his alienation in therapy he leads a double life, blurring the truth of what he wants, feels, and believes. His self-deception continued until Dr. Sheiner courageously entered and shared his alienated, trance-like life with him. Before that, he needed her to experience himself, through direct clashing with her in debate, as well as by utilizing her supportive being with him at all times. Entering into his alienation with him, Dr. Sheiner was able to show him the true state of his real existence. This patient maintained his confusion until he was ready to come to grips with himself and his conflicts. Alienation was used by the analyst as a positive tool to help the patient.

His journey to trance-like states could also be viewed as an additional search for identity and for his exiled self. The trance is also used as an attempt to avoid the conflict between his real strivings and those of his false neurotic demands. His alienating process is a devitalizing one. Because of this, his sense of direction is impaired and the only recourse he had was to resort to past experiences in his trance episodes. But through these trance-like states he shows, nevertheless, glimmers of real life, which are used by Dr. Sheiner in an attempt to turn his interest back to himself.

Dr. Sheiner, by her resolute staying with the patient in and out of trance and undermining some of his neurotic solutions, made it possible for him to relinquish some of his automatic defensiveness and gave him a growing, beginning interest in the truth about himself. If he can begin to experience his feelings more and more, there is hope that the alive forces and power of his real self will come to the foreground. If this happens, the peak experience, as described by Dr. Maslow, may occur (not as intense perhaps) in the pleasure and ecstasy of being and feeling real.

Often in therapy we see patients who experience the thrill of sudden insight or feeling of self-identity. People have described sensations similar to peak experiences when listening to music, or in orgiastic states. However, in my clinical work

the experiencing of well-being, pleasure, and the thrill of achieving one's own potential are of a much quieter and more subtle nature. It is more cumulative in its effect. I believe we must be careful in distinguishing peak experience as a healthy expression of "being" as opposed, for example, to the elation of self-idealizing seen in manic-like states. The danger there may be that patients feel compelled to sense the ultimate of peak experience as their only expression of what they imagine is healthy being. This, I hope, can be analyzed if it occurs.

SIDNEY ROSE, M.D., New York:* My special interest is group psychoanalysis. Dr. Benjamin Becker has described in a broad and general way some interesting aspects of alienation in the group setting. Dr. Louis DeRosis reports on other aspects, but also importunes the existence of a "real self" prior to the onset of various alienating processes. This is difficult for me to imagine. What appeals most to me is Prof. Maslow's description of the peak experience which is more likely to occur in the self-actualizing or non-alienated individual, and how the group fosters growth toward self-actualization and a lessening of alienation.

The analytical therapy group is unified by a set of implicit values. These are distinct and different from the neurotic defenses and values which only serve to fragment the group. There is an encouragement in the group toward spontaneity, toward "Speak before you think" interaction which brings friction and conflict and exposure of the neurotic facets of each one. In the resolution of neurotic interactions new resources are tapped in each individual. The self-actualizing person who experiences the world in a "B" way has an abundance of such resources, but the alienated individual has to develop them.

The alienated person is blocked from experiencing his own "humanness" which he has in common with all others. He is out of touch with his own inner humanity because he is tied to a system of values which accentuate differences and emphasize superiorities. He cannot experience the human depths of others. As each member sees the group analyst's complete, loving acceptance of others with their faults, he then can experience this for himself and finally is able to experience and accept others in the same manner. In this way the "B" capacities are exercised and developed.

The alienated person is dominated by a background of anxiety, and his adjustment to the surrounding world may be effective in allaying such anxiety. Such adjustment is based on memories of past situations and tactics which once proved effective. Living this way permits no exercise of his basic human values, nor any belief or conviction in their efficacy. Each good experience in the group leads to such faith and the knowledge of its existence sustains him when the neurotic defenses are undermined and leads to fewer inhibitions, less control, and reserve.

Part of this inner spontaneous being is what Prof. Maslow calls a "healthy childishness," or a second naïvete. Development of this side of one's being is difficult to imagine in the usual setting of individual psychoanalysis. The role of analyst is too often conceived of as detached, aloof, and uninvolved. This, together with the nature and serious purpose of therapy wherein the patient often feels he must only deal with unhappiness and suffering, reduces the opportunity for pleasurable communication and exchange. No matter what the natural or trained inclination of the analyst, the group, with its varied composition and unpredictable nature, results in humorous situations and brings forth and activates a warm atmosphere which often can be a happy, joyful one. The lessening of controls and inhibitions which is encouraged doesn't just bring up destructive friction and hostility, but also mutual acceptance and kindness, and a spirit of fun and joy which each had as a child but which was snuffed out in "growing up." Anxiety and

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suffering occurring in therapy as illusions are undermined, but there are also moments of joy in which many experience the "peak."

Peak experiences in the group can occur because the group has no specific function or organization. The organizing frames of reference each individual uses to define his world lose their importance in the group. The group setting is unstructured, and because of this what occurs in group can eventually be perceived purely in terms of what in the past has transpired among the group members and what is going on in the present. This gradual undermining of their usual modes of perception opens the way to new perceiving.

Dr. Maslow mentions the "passivity" of the "B" experiencing person. In the group there is the opportunity for a greater passivity in watching the on-going scene. Of course, the individual works actively at trying to organize the group into a familiar world so that he can have a role and experience an identity. This he tries to do in the therapy group, but what role is he to play in terms of what group function? There is no adequate label to identify his role. He now has to improvise and his basic set of personal values, which were clustered about his role or even determined his role in the structured situation, can now come to the foreground in pure culture. The passivity in the group allows this to happen. Maslow describes this as "selfless rather than egocentric, dreamy rather than vigilant, patient than impatient. It is gazing rather than looking, surrendering and submitting to the experience." This gives some understanding as to the improvement of some group members whose active verbal participation is minimal. To quote one group member: "I realized I never really listened to anyone as I do now, and I hear different things." Another illustration: A patient says, "I feel angry with these yapping women and I see you are pleasant. I feel furious and you are kind. Either you are wrong, or I am." In the group this individual is not under pressure to do anything. He has freedom to perceive my reactions and compare them with his own. He is faced with the need to change his own value system vis-a-vis women. Per-

haps his capacity to have such insight so quickly and to verbalize it is in itself an intellectual fragmenting process which prevents him from resolving contradictions and being whole. For him his hypertrophied capacity for self-awareness may obstruct growth. However, it does shed light on the group process in that others who have similar prejudices may be able to lessen them, experiencing others more fully without such intellectual awareness.

Dr. Maslow's comments about the B-person bring up a conflict that the analyst experiences when doing therapy. On the one hand he has to cognize, categorize, clarify, diagnose, and prognose as a whole. It is conceivable for a psychoanalyst to be expert in cognizing, etc., without experiencing the potentials and without the capacity to commune with the individual, which is so important as a growth experience. He may have the right words to describe what transpires, but his actions and behavior may belie his words. Patients and people learn by example and not by exhortation.

This was brought to my attention by several analysts who were observers in a group session. They were deeply touched and moved by what they had witnessed. When they questioned me as to what I had done and why, I gave reasons for my actions. I doubt how much my explanations applied, since what I had done was unplanned and spontaneous. They learned far more from what they observed and participated in than from my explanations.

In going over Dr. Sheiner's paper, I couldn't help but think of what Dr. Maslow said about "D" and "B" persons. The individual under treatment was a "D" person, or one severely alienated from his "B" capacities. Dr. Sheiner in her therapy of this individual showed many of the characteristics of "B" perception that Dr. Maslow described. Certainly, the description of her patient did not follow the usual psychoanalytical case reports. She was free from the usual stultifying, theoretical categorizations, which enabled her to experience this individual as a unique whole. She provided an atmosphere and an experience for the patient which could be called a growth experience.

BOOK REVIEWS

INTRODUCTION À LA MÉDECINE PSYCHO-
SOMATIQUE (INTRODUCTION TO PSY-
CHOSOMATIC MEDICINE). Medard Boss.
Presses Universitaires, Paris, 1959.

This book is a recent translation of
the German edition which first ap-
peared in 1954, and which unfortun-
ately has not yet been translated into
English. Dr. Boss is well known as one
of the foremost existentialist psychia-
trists in Europe today. In this work
he attempts to apply existentialist con-
cepts to the clinical observations of
patients with different psychosomatic
syndromes.

In his introduction the author stresses
his dissatisfaction with the term "psy-
chosomatic" as implying a mind-body
duality; he wishes to present a new
viewpoint as "revealed by the total
aspect of human existence, in which
all physical and psychic phenomena
are fused."

He strongly criticizes the "esprit
technique" or mechanistic-organic ap-
proach, in medicine as well as in psy-
chiatry. He tries to prove that in
traditional medicine concepts of psy-
chopathological causality are entirely
inadequate. For instance, an anatomic
brain lesion can in no way "explain"
the psychic symptoms, such as halluci-
nations or dementia, which occur along
with it. Likewise, in traditional psycho-
dynamics he disagrees with the various
etiological concepts which unite psy-
chic phenomena with somatic symp-
toms as cause-effect. He includes the
classical Freudian notion of transfor-
mation of psychic energy; Alexander's
concept, which sees emotional processes
as the "subjective reflection" of physi-

ological states, and the various unitary-
process concepts which see the emo-
tional and the somatic as "expressions"
of some common dynamic vital process.

On the other hand, he also rejects
other existential-phenomenological con-
cepts relating to body function, such as
as those of Sartre, Ricoeur, De Wael-
haens, Merleau-Ponty, and Marcel. In
these, he claims, individual existence
through the body is relative. It is made
to depend on the form, position, place,
and relation of the body to the outside
environment. These still follow the Car-
tesian subject-object dualism, even if
modified, whereby the subject "I" has
existence in body functions through
"intentional acts" which "engage" it
into relation with the world. Thus,
phenomenology assumes a modified
pattern of human existence which var-
ies according to the body having activ-
ity, spatiality, and particular relation-
ships with a milieu.

The author himself is a purist in
following the basic "Dasein" philos-
ophy of Heidegger. According to this,
each psychosomatic syndrome is the
total immediate expression of the pa-
tient's pattern of existence in terms of
his "bodyness" or "corporality" (cor-
poréité). The distorted form and func-
tion in each illness is a primary cor-
poreal pattern. It is not secondary to
some antecedent, existent form of be-
ing, which first expresses itself as indi-
viduality and only then "has" an ill
body. The sick person does not have
asthma or ulcer or headache. He is his
sick bronchi or stomach or cerebro-
vascular spasm. All human phenom-
ena, normal or pathological, psychic
or physical, are thus only different

manifestations of some particular "Dasein." By the same token, any existential variation expressing itself in a somatic symptom, for instance, will always be found to express itself symptomatically in other areas.

Dr. Boss presents numerous case histories of hysteria and so-called "organ-neurosis," which he discusses both from the traditional and from the existential point of view. He feels that whereas the classical etiological explanations still leave unsolved such questions as choice of neurosis or organ selection, the existential approach does not. Such questions are not answered, however, by the "Dasein" approach; they are simply irrelevant. "If we consider the soul and body as fields in which human existence realizes itself, all indications as to cause, origin and site lose their basis and become useless. . . . In using the concept of 'existence,' we must take care never to reduce [our explanations] to the idea of psychogenesis, because—faced with the menacing domination of subjectivism—it is easy to confuse existence with a hypostatic 'psyche'." In these case histories he does not deny the significance of childhood growth, temperament, or environment, but their importance is limited. Momentary events or temporary circumstances may lead the child or adult into particular world views. Their effect is through either narrowing or "opening to the world" the child's state of being, his existential possibilities.

In the last third of the book, he selects four major psychosomatic syndromes to illustrate his thesis: accident proneness, hypertension, chronic gastrointestinal disturbances, and asthma. In each of these he gives more or less detailed life histories, and even some delightful drawings by patients to illustrate the progress of the case. In each

syndrome, a "typical" existential pattern or state-of-being is found as pathognomonic of the principal symptoms.

In accident proneness, for example, the accidents seemed to occur when the patients are thrown into a conflicted situation they see no way of avoiding, either by breaking off social relationships or by flight. Instead of rupturing their social relations, they rupture their intracorporal relationships—i.e., through fractures, dislocations, or muscle tears.

In hypertension, the decisive factor is seen as the basic existential trait of "being excessively tense" or "being under pressure." This trait is not considered as an emotional one, or as related to external circumstances, but rather as an essential way in which the person's "Dasein" reacts upon his "corporeity."

The gastric-ulcer patient is described as having a state of being in which his entire relationship with the world is limited to seizing, appropriating, and digesting external objects, then overcoming and subjugating them. The colitic patient shows an existential state of "fearful defensiveness" against the world, whether this be against allergenic substances, other people, or inner impulses. The chronically constipated patient will present a "walled in" or "barricaded" character against the world.

He finds that the asthmatic patient experiences the world through an "apocalyptic" being-state, feeling himself crushed, torn, defenseless against threatened disintegration or nothingness from a too violent world. His maternal dependence is the need to maintain a shield against this world, and the separation anxiety is the fear of losing the shield. The spasmodic breathing is a congealing of the natural life rhythm under this fear.

That such attitudes may be found in

some of these somatizing patients is undeniable; Boss' observations may be accurate in themselves. However, as a psychoanalyst, this reviewer finds it difficult to accept such being-states or attitudes, pervasive as they may be, as *the* definitive or total explanation of either the dynamic process involved or the immediate clinical picture. In the first place, it is questionable to me whether any generalization can be made even for the same psychosomatic symptom in different patients, or in the same patient at different times. In the second place, such a blanket state of being, even as a descriptive observation, fails to take into account the numerous dynamic traits we observe constantly in any patient: the opposing and contradictory tendencies, the conflict and anxiety, the needs, demands, drives—in fact, the total dynamic picture. Although the existentialists claim to consider the patient and symptom in "its own right," it seems to me that this viewpoint categorizes as much as any previous one.

Nevertheless, I feel that this viewpoint does have considerable value. Little that is new has been added to our understanding of the psychosomatic problem in the past few years. Most theoretical thought and clinical-experimental research has focused on specificity of psychic events (or personality profiles or traits) in relation to physical event and somatic symptom. This existentialist approach rightly de-emphasizes such a cause-effect dichotomy. Secondly, it stresses the factor of immediate awareness of self, which has been too neglected in our objectivizing analytic systems. If it does not give any answers, it may still point to a new dimension of the motivational psychology of human functioning.

The book is well worth reading for anyone interested in the field of psycho-

somatics. Although in translation it still retains some of the lengthy idiomatic forms of the German, it is generally written in a clear and relatively simple clinical style. This is a refreshing contrast to much of the abstruse and complicated terminology often found in phenomenological-existentialist writing. It is to be hoped that this book will be translated into English.

—JACK L. RUBINS, M.D.

EXISTENTIAL PSYCHOLOGY. Rollo May, editor. Random House, New York. 126 pages. $0.95.

This is a group of papers which was presented in the symposium on Existential Psychology at the Annual Convention of the American Psychological Association, in Cincinnati, in September, 1959.

The first chapter, written by Dr. May, is a concise and lucid statement of the main tenets of existentialism. He makes the interesting statement that the existential approach is very close to the thought of William James; that there is a deep underlying affinity between this approach and our American character and thought in psychology, as well as in other areas. The emphasis on experience and the union of thought and action which were passionate in James and Kierkegaard "have a familiar echo to those of us raised in the American pragmatic tradition." He goes further in drawing parallels between James and existential psychology in the importance of decision and commitment: "you cannot know truth by sitting in a detached armchair," "willing and decision are the prerequisites to the discovery of truth." Thus, instead of thinking of why and how the patient's problem came about, May stresses the importance of grasping "the only real source of data I have, namely, this experiencing human being, this person now

emerging, becoming . . . immediately in this room with me."

This attempt to come to grips with present reality, with the phenomena as such, has led to the use of the term phenomenology, which is defined as "the endeavor to take the phenomena as given"; "phenomenology requires an attitude of disciplined naivete" (MacLeod), or "an attitude to experience critically" (Wellek). The approach which begins with phenomenology must end in existentialism, which means "centering upon the existing person; it is the emphasis on the human being as he is emerging, becoming." May goes on to define other principles of existentialism: "There is no such thing as truth or reality for a living human being except as he participates in it, is conscious of it, has some relationship to it." "The more absolutely and completely you formulate the forces or drives, the more you are talking about abstractions and not the existing, living human being."

He states that the neurotic child is compulsively concerned with security but asks whether the normal child is not just as truly interested in moving out into the world, exploring, following his curiosity and sense of adventure. "If you block these needs of the child do you not get a traumatic reaction from him just as you do when you take away his security?" Thus, May believes that we vastly overemphasize the human being's concern for survival and believes Nietzsche and Kierkegaard are more accurate when they describe man as the *organism who makes certain values—prestige, power, tenderness, love—more important than pleasure and even more important than survival itself.*

May points up the "danger of wild eclecticism in those phenomenological and existential approaches to therapy when they are used without the vigor-

ous clinical study and thought which precedes any expertness." He emphasizes that the existentialists have not tried to propose a new system or a dogma, but rather an attitude toward human beings and toward therapy. In summarizing he states: "In my judgment the existential approach is the achieving of individuality (including subjective individuality) not by by-passing or avoiding the conflictual realities of the world in which we immediately find ourselves . . . for us, the Western World—but by confronting these conflicts directly and, *through* the meeting of them, achieving one's individuality."

Abraham Maslow writes a more personal chapter, and for him existentialism means "essentially a radical stress on the concept of identity and the experience of identity as a sine qua non of human nature and of any philosophy of human nature." He goes on to develop this theme and compares the difference between European existentialists and American writers such as Allport, Rogers, Goldstein, Fromm, Wheelis, Erikson, Horney, and May.

Herman Feifel, in his chapter on death, points out that existentialism has "accented death as a constitutive part rather than the mere end of life, and highpointed the idea that only by integrating the concept of death into the self does an authentic and genuine existence become possible. The price for denying death is undefined anxiety, self-alienation." He sums up his thesis with: "A man's birth is an uncontrollable event in his life, but the manner of his departure from life bears a definite relation to his philosophy of life and death. We are mistaken in considering death a purely biological event. Life is not comprehended truly or lived fully unless the idea of death is grappled with honestly."

In the chapter on therapy, May hits

at the concept of adjustment and states that "An adjustment is exactly what neurosis is; and that is just its trouble." He makes a plea for self-affirmation and self-consciousness in the sense of "my capacity to know myself as the one being threatened, my experience of myself as the subject who has a world." He believes that emphasis must be placed on the tragic aspects of life, but does not feel this is pessimistic. Rather it is "tragedy inseparably connected with man's dignity and grandeur and is the accompaniment of the human being's moment of great insight."

Carl Rogers discusses two divergent trends in American psychology. The "objective" trend is toward the concrete, the operationally defined—the learning theory approach to psychotherapy. Rogers places himself with the "Existential Trend" because he has "been forced to recognize that the most important ingredient in the psychotherapeutic climate is that "I should be *real*. I have to realize that only when I am able to be a real person, and am so perceived by my client, can he discover what is real in him. Then my empathy and acceptance can be effective. When I fall short in therapy, it is when I am unable to be what I deeply am."

Gordon M. Allport, in his brief chapter, feels that trends in American existentialism are and will be more optimistic than in Europe. He believes the emphasis on resignation, acceptance, even on the "courage to be" seems more European than American, and that Americans are more optimistic in their orientation. He ends with a number of questions such as: "May not the patient's distorted view of the world sometimes constitute his ultimate problem . . . ?" These are stimulating and thought provoking.

Joseph Lyons' lengthy bibliography, which brings the volume to a close, will be of great help to the reader who wishes to go further in the field.

The papers in this work are all well written and clearly understandable, which is especially commendable because the material lends itself well to a type of abstractness that can become far removed from "being in the world." There is no attempt made toward continuity of thought from author to author and this is as it should be, since each writer is then free to present his thoughts unhampered by the ideas of the others. This points up the newness of the ideas to psychology, as well as the fact that existentialism means many things to many people. This is stimulating and gives rise to further developments in the field, but makes critical evaluation of the status of existentialism difficult, if not impossible. Existentialism as a philosophy is deeply meaningful—but does it contribute meaningfully to psychology and psychoanalysis, or does it lead to the abstract and ethereal? This little volume points up the dangers of existentialism when separated from basic psychological and psychoanalytic principles, for without sound and basic theoretical orientation, existentialism does not broaden or deepen the therapist's approach to the patient, but rather becomes a cult or dogma to be accepted on quasi-religious grounds.

With a basic orientation of psychoanalysis such as that offered by Horney, which gives us tools for examining closely security operations, self-alienation, and the individual's blocks in the pursuit of identity, the existential attitude as described by the authors of this book can enrich our therapy and our lives. This volume is important because it does attempt to show both sides of the question which will have to be dealt with by all the workers in the field in years to come. Can existential-

ism be meaningfully incorporated into existing psychologic and psychoanalytic theories or will there be an existential school, separate and distinct, and further fragmentation of the field?

—FRANK HLADKY, M.D.

THE QUEST FOR IDENTITY. Allen Wheelis. W. W. Norton, New York. 1958. $3.95.

In his foreword Wheelis writes that this book, an essay on the individual in mid-twentieth century America, is concerned with man's changing character, his loss of old identity, and his search for a new one. He also considers the relevance of psychoanalysis in this quest for identity. Interwoven with the theoretical sections is a personal narrative of events and individuals out of the past which attempts to illustrate what we were and how we are changing. The nineteenth-century figure differs in many ways from the social character emerging today. The force of religion, the strength and meaning of family ties, the values to be admired, and the position of the individual in relation to the group are no longer the same. What was formerly known as the hard core of identity has now been called rigidity of character. Individuality has given way to group identification and conformity. Thus the sense of self has become more "diffuse, elusive, and more fluid."

Wheelis feels that "more than ever before one is aware of the identity he appears to have, and more than ever before is dissatisfied with it.... It doesn't fit, it seems alien, as though the unique course of one's life has been determined by untoward accident. Commitments of all kinds—social, vocational, marital, moral—are made more tentatively. Long-term goals seem to become progressively less feasible." Although individualism in the sense of "self-reliance,

productive self-sufficiency, following one's chosen course despite social criticism, and bearing personally the risk of one's undertakings" is on the wane, awareness of one's individuality has increased. In other words, he states that we have been made much more aware of the unconscious forces operating within us. Also, although our life span has been lengthened, our increased industrialization has diminished the meaning of life by the kinds of jobs it imposes. In one way technology has enriched our lives by making more outer resources available, but at the same time the pace of living, the rapidity of change has led to a feeling of estrangement and transience.

He discusses the changing neurotic patterns in America over the last century. The neurosis with specific symptoms is being replaced by character disorders characterized by "loneliness, insecurity, doubt, boredom, restlessness, and marital discord." Diagnoses are now written in paragraphs rather than presented as simple labels. Analyses are becoming longer and the goals settled for must be less than was hoped for. Will power, he believes, has been devalued and with it the value of courage and determination.

In considering the changing conditions of psychoanalysis, he observes the paucity and difficulties of serious scientific investigation and the changing quality of the clinical problems confronting the therapist. In the beginning patients wanted symptoms treated. Now they wish to "interact smoothly and skillfully," to adjust better. Originally, psychoanalysis was at odds with society and forced cultural changes. He feels that now that it has become more accepted, it is being used as "an institutional force for the maintenance of current mores."

Wheelis differentiates the instrumen-

tal processes acting in our lives which are rational, demonstrate usefulness to living, and appeal to evidence before acceptance of the status quo or change, and the institutional processes which demand certainty. Included in the latter are the coercive power systems of modern times—state and clerical—whose authority is arbitrary and which use force to maintain positions. As he says, the instrumental is bound to reality, the institutional to human desire and fear. It is the interplay and shifting strength of these two processes which govern human activity.

He writes about cultural change and cultural lag whereby the "instrumental impetus to change and the institutional insistence on rooted permanence constitute the dialectic of civilization." He then devotes himself to a discussion of the emerging social character and the problems of identity related to these processes as they are evolving today. In our time a man must, to survive, be much more able "to modify himself, to alter his values, to change his reactions." Such a character is not given to dedicated pursuits, with the result that idealism is on the wane. Without goals, meaning, or purpose, the social being of this time feels futile, empty, and longs for attachment. It is because of this alienation from self and the externalization of directing forces to others that a strong leader, able to define goals and command allegiance, can often take over. Such a person is able to offer meaning to life and dispel the feeling of futility. Thus many yearn for the mythical benign dictator, or the Messiah. They have abdicated their right to be an active force in their own behalf here and now. They are the conformists. Wheelis does not attack conformity indiscriminately. He does, however, question the values of the positions being conformed to. With the decline of

the super-ego, he says, the ego must become stronger and more autonomous.

He discusses psychoanalysis in terms of its instrumental and institutional aspects. He is concerned about the fact that the contributions of others interested in human nature—the psychologists, sociologists, and anthropologists —are being excluded by some psychoanalysts. He objects to the fixed, absolutist systems of some professional groups where "conjecture is likely to be accepted as fact if it fits the configurations of a lacuna." Psychoanalytic movements which have become rigidly institutionalized seem "to be entering a stage of scholasticism." He calls for a more open inspection of the therapeutic transaction. Otherwise, he states, "conjecture becomes truth and truth becomes dogma and doubt becomes heresy. . . . To abandon the search for verification is to abandon the search for truth."

In the section on the doctor-patient relationship he suggests that interest in the character of the analyst has unfortunately led from interest in the professional and personal qualifications to preoccupation with caste and status. With the diminished authority of the superego he believes that the potential for the transference phenomenon has increased in intensity. His thesis is that more and more often the aspirations of the patient—the yearning, the fear, the hate, the love—directed toward the analyst are the product, not of unconscious conflict, but of the loss of the eternal verities which formally bound these aspirations. While he agrees that values and identity may be obscured by unconscious conflict and that psychoanalysis may be of benefit in such situations, he emphasizes his belief (and here this reviewer does not think Wheelis is clear) that the "lack of identity is more often secondary only to the collapse of

institutional absolutes—of goals, values, and ideals." From this position he argues that psychoanalysis can uncover an identity, provided such is hidden, but cannot create one that is lacking; that psychoanalysis can only provide a more sensitive awareness of thoughts and feelings; and that extended awareness is likely to be used for reinforcing conformity. (Cf. Weiss, Psychoanalysis and Moral Values, Am. J. Psychoan. XII, 48, 1952: "The goal of analytic therapy is not the heteronomous, automatic adjustment to the standards of conventional morality, but the strengthening of the patient's inner autonomy, his healthy moral judgment, and responsibility.")

To undertake psychoanalysis in the quest for identity, he believes, is to pursue an illusion. This observation, to this reviewer, implies a therapeutic pessimism which will most certainly enter and affect the doctor-patient relationship. In fact, the reviewer would refer the author to an article by Horney (The Paucity of Inner Experience, Am. J. Psychoan. XII, 3, 1952) in which she discussed this phenomenon with its concomitant hazy sense of identity. She definitely saw this as a problem to be tackled in analysis and felt that with the resolution of the inner conflicts, the externalizing, the intellectualizing, the running from all feelings, including emptiness, joy, sorrow, anger, and fear, one could experience himself as he is. To this reviewer this implies evolving from an irrational toward a rational identity with an alive awareness of it. Kelman (Constructive Forces in the Therapeutic Process, Am. J. Psychoan., XIII, 4, 1953) further contributes to our understanding of psychoanalytic therapy by indicating that of crucial importance among the assets of a therapist are the comprehensiveness and optimism of the theory of human nature

with which he works. He describes the assets one should look for in a patient, but which many therapists do not take into consideration. He concludes his comments with the following remarks: "As we know more clearly what to look for, we will realize more quickly on what we can rely. With such knowledge we will be able and willing to chance and dare more for greater gains —for our patient's welfare. With such attitudes, the tendency to focus onesidedly on pathology and irrationality will shift to a proportionate emphasis on the assets and liabilities in the whole person, and toward the end of a more effective and productive therapy."

One chapter of Wheelis' book is devoted to a discussion of values: how these determine goals and how goals define identity. Loss of identity is then intimately related to "loss of values." He raises questions about which values a man should "prize and hold dear." Identity, he says, cannot be achieved by clinging to the values just because they were valued in the past. Rather, since man has outgrown his old identity, he must now create a new one.

In his last chapter, on the vocational hazards of psychoanalysis, he presents the experiences of one man evolving toward psychoanalysis as a profession. It is highly thought-provoking as he illustrates the various inner and outer circumstances which led to this man's choice of his life work. He indicates possible courses of professional development, influenced by the analyst's personality, from retreat into dogma to maintaining an open, critical mind. He particularly focuses on the inner conflicts involved and thus highlights the effects of these problems on the individual's personal life and the countertransference difficulties which of necessity have to occur in his professional work. One sentence in his final para-

graph on the psychoanalyst as a human being particularly bears repeating: "Living out their years in a climate of hatred and dependence and torment, they nevertheless maintain that the life of man has meaning, can be understood, and that his suffering is in part remediable."

There is much interesting material in this book. Wheelis' description of at least one segment of the evolving American scene is excellent. It is highly recommended as an enlightening experience for all who work in the field of human relations.

—NORMAN J. LEVY, M.D.

THE ANATOMY OF PSYCHOTHERAPY. Henry L. Lennard and Arnold Bernstein. Columbia University Press, New York, 1960. $6.

Previous attempts to understand the psychotherapeutic process and the nature of psychotherapy have been made chiefly by those individuals who were engaged in therapy. Descriptions of the ongoing behavior were made in terms of such concepts as transference and countertransference and focused chiefly on the interplay of various facets—for example, "projection" of behavior in the relationship between doctor and patient. This book is an attempt to apply social-science concepts which have not hitherto been applied to psychotherapy in any systematic fashion or with any major investment of effort.

Psychotherapy is conceived as a special kind of social situation created specifically for the treatment and investigation of emotional illness. The authors believe that social-science concepts designed to describe phenomena of interaction and systems of relationships can make a major contribution to the understanding of therapy. A greater perspective on the therapeutic relationship is felt to be possible

through going outside of the theories of the interacting partners. It is felt that social-science concepts and methods can help to identify those factors in the therapeutic interaction which arise from the fact that therapy is a social situation, that is, an interactive system. Further, the belief is held that in therapy verbal behavior is the major form of communication. Therefore, the methodology available to the social sciences for the systematic, quantitative study of communication can be brought to bear on the study of psychotherapy.

The focus in this very interesting bit of reasearch is not on causes or cures or progress or problems of strategy, but on an entirely different aspect. The authors simply attempt to describe manifest overt occurrences between people in such a way that categorization becomes possible and description becomes more uniform. They feel distinctly that it is a mistake to focus on the nuances and finer interactions between therapist and patients before concepts and tools are available that can truly describe such processes. One of the purposes of this study is to develop such a methodology and such tools, and to demonstrate by their use the validity and meaningfulness of the approach of social science to the study of psychotherapy.

The authors are well aware of the subtle interactions in therapy (visual cues, gestures, physical situations and other variables) and make it quite clear that they are not attempting at this time to do anything with them. This research addresses itself specifically to a description in quantitative terms of the verbal interaction that takes place in the course of psychotherapy. This was done by recording eight therapists (four therapists with two patients each) for a period of eight months. More than 500 sessions were thus recorded. More

than 120 of these sessions were subjected to an intensive analysis that resulted in a classification of more than 40,000 verbal propositions in several dimensions. In addition, each patient and therapist responded to questionnaires and interviews previous to and concurrent with therapy. The authors proceed toward their goal of providing a picture of the structure of therapeutic communication and its relation to the process of therapy by first developing a methodology and theory. There are some very interesting and informative pages devoted to system concepts, the concept of information, the concepts of role expectations, socialization, and deutero learning. In these sections the authors develop their definitions with considerable rigor and at the same time try to give the reader a framework which makes the study meaningful. The pages devoted to the methodology of analyzing miles of taped data provide a very helpful insight into ways of dealing with material which has heretofore been regarded as overwhelming. As we know, more than one trunkful of recordings has been placed in storage because the researchers were not prepared to deal with them. The fact that this team of researchers was able to gain something meaningful out of the enormous amount of data it had is in itself an indication that their methodology could be fruitfully applied by others.

The concept of systems has been fruitfully used and enlarged by these workers. For example, in one section of their book they regard therapy as a system of action; in another, therapy as an informal exchange system; in still another, therapy as a system of role expectations. The outcome of the application of this concept of systems is a certain realization that therapy as a system in its various aspects has as many unconscious aspects as the dynamic psy-

cologist sees in the individual and his unconscious processes. In other words, system properties make a difference in the developing form of behavior just as unconscious processes make a difference in individual behavior. The ultimate goal, of course, in understanding the unconscious aspects of the interaction in therapy is that greater awareness and control of these factors may become possible.

The analysis of latent system processes and the viewing of the relationship from a vantage point other than that of the participants produce some rather interesting findings I would like to indicate briefly.

1. Despite major differences in the outlook and behavior of each therapist and each patient, there are major similarities among therapist-patient pairs in terms of the way the interaction unfolds longitudinally. This finding raises many questions for those who tend to stress the differences between therapists in their theoretical orientation and make this the determinant for what transpires during therapy. From this point of view it is the differences in therapy which count. The findings suggest that the most important contribution of therapy lies in the total and recurrent pattern of patient-and-therapist interaction extending over an enduring period. The enormous amount of similarity in therapeutic systems suggests that what is shared by different therapist-patient pairs may be at least as therapeutic as that which is unique.

2. The results indicate that therapists and patients interact in the true sense of the term and that feed-back plays an essential role in treatment. Interdependence was demonstrated for many of the variable studies. Those who view therapy as a one-way street—with a therapist as witness, observer and transference object—will have to reexamine

their position in the light of these findings. The movement of verbal behavior toward similarity, despite the basically symmetrical definition of therapist-patient role relationships, focuses attention on the problem of values. The flow of positive and negative sanctions in therapy—the patterning of reinforcement and extinction of types of verbal responses—clearly needs more empirical study. The exceedingly important part played in therapy by value communications and influence processes also needs further exploration.

3. Within limits, the requirements of therapy as a system take precedence over expectations and conceptions of therapeutic roles. Much of this occurs outside the awareness of the therapist. Often the realization that he is departing from a preconceived therapeutic position in the interest of maintaining the system follows upon, rather than precedes, the "system sensitive act." It is clear that the system therapist is the one who is more sensitive to the ongoing situation than the therapist who is mainly theory oriented. It may be that some individuals are better equipped to respond to the requirements of the here and now rather than to the requirements of the past. Attention to system responsiveness could very well become a more self-conscious part of therapeutic training. Just as unconscious processes are latent for the personality system, so it is felt that system processes are latent for the social system. The identification of social processes serves a very helpful function for the therapist by enlarging his awareness of the processes taking place within the therapeutic systems in which he participates. It may make possible an increased measure of responsiveness and control on his part.

4. When the deutero-learning hypothesis (learning to learn) was applied to the process of psychotherapy it became clear that psychotherapy could serve as a prototype role-learning situation. It is a situation in which the patient learns the learning of roles. What he learns about expectations, relative activity and inactivity, and communication within the therapeutic system, he applies elsewhere. The authors do not suggest that the patient needs to become aware of this level of functioning in the therapeutic process, but they do indicate that it may be important for therapists to interest themselves in the level of the learning of role patterns as they are generalized by their patients. From this point of view it may be detrimental for the patient to become over-impressed with the distinctiveness of the therapeutic situation and to fail to recognize its similarity and generic relevance to other role relationships.

5. This concerns itself mainly with methodology. It seems that the findings indicate that there are many significant gross variables in the psychotherapeutic situation which lend themselves to quantitative management. These must be dealt with before the more subtle factors and nuances of the psychotherapeutic interaction can be approached.

The authors conclude their work by stating at least three further prospects for reasearch. Since only the early part of therapy was recorded, they indicate that it would be much more valuable to do an intensive study of the second and third year of therapy in terms of the dimensions utilized in this book. The idea that deutero learning is one of the latent functions of therapy needs much more empirical documentation through verbatim transcripts than could be done in this work.

The authors at no time minimize the contributions that have been made to the understanding of psychotherapy from within the field itself, and cer-

tainly the therapist is mainly engaged in the process of attempting to help. This is his major objective. However, in terms of the study done, the therapist within the therapeutic relationship cannot describe the latent processes going on, although he may be intuitively aware of them. It would seem to me to be a necessary development in the further understanding of psychotherapy and its structure to follow up the very imaginative, productive, and scholarly approach used by these individuals.

While this book, in my mind, is of enormous value for the researcher, it also has a significant contribution to make to the therapist. The very understanding of this project enables one to see more deeply into the ongoingness of therapy. It helps one to be somewhat clearer about the interrelationship and about the impact of one person on another. It is a work which offers much for all those engaged in the social sciences and undoubtedly it charts a direction for future work in this area. It offers us an important guide in the work that is currently being done at the Karen Horney Clinic, which relates very much to the hypothesis of deutero learning tested in this book. The research at the clinic involves itself with the effect of the therapeutic process on the partner not in therapy. In terms of the deutero-learning hypothesis, this might be rephrased as: what is the therapeutic relationship upon other relationships? I feel the findings and methodology merit more study. The authors have taken a significant step in a new direction for the study of the psychotherapeutic process.
—JOSEPH W. VOLLMERHAUSEN, M.D.

THE PSYCHOTHERAPY RELATIONSHIP. William U. Snyder, Ph.D., The Macmillan Company, New York. 411 pp.

In attempting to answer the questions "What is the core of psychotherapy?" and "What is effective in psychotherapy?" workers in the field have stressed different aspects, such as catharsis and abreaction, making the unconscious conscious, and gaining insight. In the past ten years the patient-doctor relationship has been in the foreground.

Snyder has made a valuable contribution to the study of this relationship. He believes that "the relationship that develops between the therapist and the client is the essential core of the therapy." He has found it desirable to develop a method of measuring the subtle attitudes of client and therapist toward each other during the psychotherapeutic process. During a four-year research project he treated twenty postgraduate psychology students for an average of 25.5 sessions each. He devised questionnaires (200 questions) for both therapist and client to answer after each interview, indicating their affective responses to the session and each other. At the end of the project he rated, scaled, and tabulated the responses statistically, bringing them as close as possible to the objectivity of scientific experiment. Although he had to contend with numerous parameters, his emphasis was on the effective aspects between himself as therapist and his clients (also his students).

He defines the psychotherapeutic relationship as "the reciprocity of various sets of affective attitudes which two or more persons hold toward each other in psychotherapy. This implies a sort of mathematical relation between transference and countertransference attitudes." He includes in the concept of transference both unearned and earned feelings toward the therapist and applies the same for the concept of countertransference.

For his theoretical frame of reference, he uses the classical concepts of person-

ality development, with emphasis on psychosexuality. He considers this kind of therapy as "an ego-building relationship therapy based on the principles of learning theory." His approach and warmth toward the client is based on Carl Rogers' "client-centered therapy," while his therapy philosophy is anchored both in classical psychoanalysis and Dollard and Miller's learning and conditioning methods of therapy. In other words, he uses interpretations and/or teaching and explanations.

The results concerning the main point of the study can be summarized in a highly condensed form as follows:

1. The trend of the positive affect toward the therapist tended to increase throughout therapy, while the negative affect tended to rise to a high point at the middle of therapy and then to decline to a level lower than at the beginning of therapy. The composite of these two trends was a mild fluctuation, with over-all affect rising in the second half of therapy.

2. Concerning countertransference, there was almost no variation in positive affect, but negative affect showed a noticeable tendency to increase.

3. The clients tended to cluster in two groups: those whose attitude toward the therapist was primarily positive and those who felt more negatively. Likewise, the therapist tended to cluster clients into two groups; better and poorer. He felt both positively and negatively toward all twenty clients, either in a shifting valence or simultaneously toward a given client.

4. The author felt that if the negative aspects of countertransference exceeded the positive ones, the therapist ought to give up the case, since it would usually tend to become a negative relationship.

5. In correlating the criteria of affect, control, and disclosure of both the therapist and the client to the measures of affect in the course of therapy, the author concludes that for a therapist like himself, who was accepting, moderately controlling, and taciturn about himself, the more satisfactory client was the friendly or moderately accepting, moderately active or passive, and open—or at least moderately communicative—one.

6. The author considers the most significant result of his study to be the fact that transference and countertransference tended to co-vary with each other in the course of therapy. He believes he has established statistical proof of the phenomenon known as the "Law of Talion," that for every aspect of transference there is a reaction of countertransference. He is not sure which one comes first, although he tends to believe it is transference.

7. The author also found that he tended to "overvaluate" the better clients and "undervaluate" the poorer ones. However, the amount of affect coming from each client and the amount directed toward the client by the therapist were similar.

I see Snyder's work as an attempt to understand and clarify different aspects of what is known as short-term, goal-directed psychotherapy. I concur with him when he emphasizes the doctor-patient affective relationship as the important basis of therapy without which techniques cannot be employed. Numerous efforts are being made to extrapolate psychoanalytic concepts and apply them to abbreviated therapeutic endeavors, intra- and extramurally, with limited objectives. By investigating the transference-countertransference continuum certain valuable data can be derived which can be helpful into maintaining a climate conducive to such objectives. One of the findings of this study was that nothing much can be ac-

complished therapeutically when either therapist or patient feels negatively toward the other. This was known empirically, but Snyder has documented it with statistics in a selected sample.

It can be safely assumed that at the beginning of therapy the motivated patient and therapist approach each other with a good deal of positive feelings (unearned feelings of transference and countertransference). However, sooner or later, the unearned negative feelings must appear in both patient and therapist due to unfulfilled and unfulfillable expectations. If, as Snyder assumes, the client enters therapy because of loneliness, lack of a satisfactory relationship with another individual, and a starvation for affection—and I am willing to go along with this assumption for the purpose of this discussion—then he will, sooner or later, expect the fulfilment of his starved needs, usually a compulsive need for unlimited love from his therapist. At the same time, the therapist who expects to see results from his therapeutic efforts may feel negatively when they are not forthcoming. (Might this not account for the increase of Snyder's negative feelings as therapy progressed?)

In short-term therapy it is imperative to keep the patient's positive transference going if results are to be achieved. There is simply no time to get involved in long-drawn-out experiencing and analyzing of the negative transference. Negative transference has to be avoided, if possible, or cut through, either by interpretations and explanations or even rationalizations, or by earning and keeping the patient's affection through having actively helped him and through his feeling so. The patient may be willing to bypass and forego his negative feelings toward the therapist if he feels he is being helped. His sample case of Mr. Young demonstrates awareness of

this point when he becomes exceedingly active in the face of blocking negative transference.

I am somewhat at variance with Snyder's aim toward "ego-building" in short-term therapy. It is my contention that in brief psychotherapy deep ego changes cannot be expected or accomplished. This is the province of longer psychoanalytic therapy. What we can hope for in a short course of psychotherapy is to help the patient restore and strengthen the system of defenses which enabled him to function on some level prior to coming for help. This can hardly be called ego-building. I could see it at best as "ego-patching." In the warmth and acceptance of the therapist the patient rests and basks, like the patient with a cold or an indigestion who takes to bed and permits the regenerative forces present in all of us to heal and cure. A premorbid functioning is all we can hope for in a short course of therapy. If we expect more we are in for difficulty and disappointment. A "transference cure" is a good, worthwhile, and respectable result in those patients in whom this can be accomplished. It can be postulated that what takes place is a symbolic affective internalization or introjection on a magical level of the therapist's ego, affording almost immediate therapeutic results. The patient can carry the therapist's symbolic ego alongside his own which can have therapeutic effects for years to come, long after therapy is discontinued. I might even wonder if therapeutic techniques besides the positive transference are necessary. They might perhaps serve as a vehicle which carries the flow of feelings from the therapist to the client. Snyder used teaching and explanation, a mighty important vehicle with a group of intellectually inclined post-graduate psychology students.

Snyder takes pride in his statistical validation of findings and hypotheses. This brings psychotherapy closer to a science. Psychologists are trained in this kind of research and have made a contribution to this kind of scientific method of exploration of psychological phenomena. He calls his study both subjective and objective. He attempts to measure the transference-countertransference equation. I wonder what he is measuring? Can we measure affect as long as we do not know what affect is, or what its energy consists of? The concept of libido operates in terms of quanta of energy, the nature of which has not been defined so far. I am dedicated to a rational concept of psychotherapy which I hope will some day move in the direction of an exact measurable science. At present, I feel we are too remote from this aim. So far we are in the realm of formulating questions which will lead to knowledge of *what* is psychotherapy, transference, affect. The question of why and how much may have to await the future.

Snyder's book is an honest, sincere, and worthwhile volume. It is documented with numerous graphs and tables as well as rich case material. The latter is quoted verbatim, taken from tape recordings. Not only the patient's productions but the therapist's interventions are reported and interpreted. They make excellent reading.

—SAMUEL L. SAFIRSTEIN, M.D.

PSYCHOANALYSIS AND PSYCHOTHERAPY. SELECTED PAPERS OF FRIEDA FROMM-REICHMANN. Dexter M. Bullard, ed. Foreword by Edith V. Weigert. University of Chicago Press, 1959.

This volume consists of the twenty-three papers written by Dr. Fromm-Reichmann in the United States from 1935 to 1957, the year of her death. The contents are subdivided as follows:

I. On the Philosophy of the Problem, II. On Psychoanalysis and Psychotherapy, III. On Schizophrenia, IV. On Manic Depressive Psychosis, V. On General Psychiatric Problems, and VI. An Epilogue on Loneliness, consisting of a paper prepared by the editor from a rough draft of her ideas found in her desk after her death. In addition the book contains a bibliography of twenty-seven papers written in German in the years 1914-1931, and an author index, as well as a carefully prepared subject index.

In "Remarks on the Philosophy of Mental Disorder" (1946), the author elaborates four points which are basic to her point of view:

1. Serious mental disturbance—psychosis—can potentially be treated successfully by a collaborative effort between the mentally disturbed person and the psychiatrist as participant observer, with modified psychoanalysis—dynamically oriented intensive psychotherapy—even after long duration.

2. A person can emerge from a severe mental disorder as an artist of rank. His previous liabilities in terms of his pathogenic history, the expression of his subsequent mental disorder—that is, symptomatology—or his inner responses to either of them can be converted into assets.

3. The emotionally and mentally disturbed reactions which hospitalized patients show are different in degree only, and not in kind, from the emotional and mental experience and mode of expression of so-called healthy people.

4. Special sensitiveness, alertness, and consideration for the past and present suffering of the mentally disturbed are required from the psychiatrist who wants to understand what these people have to convey.

Dr. Fromm-Reichmann demonstrates her belief in a tendency toward health

in every human being regardless of the extent of illness present. However, the psychotherapist who wants to be useful to the mentally disordered in their rehabilitation must have sufficient insight into and respect for the special needs of the specific personalities of these people to realize that he is not called upon to guide them toward adjustment conforming with the conventionalities of the culture.

In looking at this from another viewpoint, she states that, "Mentally disturbed persons who have withdrawn from their environment are refreshingly intolerant of all kinds of cultural compromises; hence they inevitably hold the mirror of the hypocritical aspects of the culture in front of society. For these as well as other reasons, the mentally sick who allegedly have lost their minds in their interpersonal struggles may be useful to the mentally healthy in really finding their minds, which are all too frequently lost, as it were in the distortions, the dissociations, the hypocritical adaptations, and all the painful hide-and-seek which modern culture forces upon the mind of man. However, this may become possible only if 'mentally disturbed' and 'mentally stable' people are no longer considered different in kind but only in degree and if no moral disqualification is attached to mental disorder."

This paper is an appropriate introduction to the volume because it contains the essence of Fromm-Reichmann's position regarding the patient and paves the way for her important and lasting contribution to medicine—her psychotherapeutic work with schizophrenics.

In the search for more understanding of her patients and for more effective work with them, Fromm-Reichmann widened her theoretical framework with resultant implications for her therapy. Some of the important considerations in this regard are discussed in the series of papers grouped under the heading, "On Psychoanalysis and Psychotherapy."

She believes that there are often drives and desires other than sexual and destructive ones at the foundation of neurotic and psychotic conflicts. These include the need for love and dependency, the quest for power, the need for prestige and perfection, and reactive hostility and resentment against those who frustrate the realization of these and other drives. The therapeutic value to the patient is in seeing their defensive character rather than in interpretation of content.

In remarks on transference, she states that it is not only helpful but indispensable for psychotherapeutic success to study the patient's and the psychiatrist's mutual relationship in terms of their repetitional characteristics. But this should not be done to the point of neglecting to scrutinize the reality of the actual experience between therapist and patient in its own right. "Our thinking does not coincide with Freud's doctrine of the ubiquity of the Oedipus complex. Consequently we do not try to understand, as a foregone conclusion, therapists' difficulties in their relationship with patient and vice versa as repetitions of their unresolved Oedipal constellations." Further, the therapist is seen as a participant-observer in the psychotherapeutic process, and it is not necessary or desirable for the psychiatrist to bar responsive reactions of spontaneity as long as his reactions cannot be used by patients as a means of orientation.

Fromm-Reichmann believes the most universal source of inner helplessness to be individuals' unresolved fixations on emotional entanglements with significant persons of their early lives. The lack of awareness of the unconscious

roots of their compulsive need to repeat old patterns of relatedness and of living causes a feeling of helplessness. "This helplessness in the face of the need for change of the anachronistically distorted pattern meets with discontent and disapproval by [oneself] and others and also frequently with hatred against anonymous and indefinable forces or, personified, against the people of the past who seem responsible for one's being held much against one's will. This powerlessness in the face of rejection compulsion versus change and in the presence of its concomitant uncontrollable hatred produces deep emotional insecurity in people, that is, it is the cause and the expression of anxiety." In discussing goals, she states: "Insufficient attention has been given to the concept of self-realization as a great source, if not the greatest source, of human fulfillment." She emphasizes this as a practical psychotherapeutic goal of paramount importance.

The major portion of the volume contains eight papers "On Schizophrenia" which describe her clinical work and her approaches to the problems of working with schizophrenia patients. In summarizing the first papers (1939), she concludes that, "Schizophrenics are capable of developing workable relationships and transference reactions, but successful psychotherapy with schizophrenics depends upon whether the analyst understands the significance of these transference phenomena and meets them appropriately."

This statement forms the basis of her therapeutic work, but it is of great interest how her techniques gradually changed and developed. In the early papers she describes a generalized attitude of permissiveness and acceptance toward the schizophrenic patient. Later she felt that this attitude should be directed toward the regressive infant as part of the patient's personality, but blended with one of respect and understanding in keeping with the patient's chronological age. Also the focus changed from attempting to understand the patient's communication to focusing therapeutic attention upon the genesis and dynamics which determine the content of the schizophrenic production. As a way of accomplishing this, close attention is paid to, and careful investigation made of the following: present timing and circumstances, the original setting precipitating factors, and bodily and emotional symptoms preceding or concomitant with a psychotic manifestation. The patient is trained if he is in contact to join the psychoanalyst in his endeavor to find these connections. If he is too disturbed to participate actively, it still has proved ultimately helpful if the analyst directs his therapeutic attention in this direction and tries to communicate this effort to the patient until such time as the patient emerges sufficiently from his psychotic state to follow suit. The therapeutic validity of a consistent dynamic approach to schizophrenic symptomatology as a manifestation of the patient's underlying anxiety, and his operational efforts to evade its rise and awareness has proved to be most useful and effective with many schizophrenics. This work then led to the hypothesis that the universal human experience of tension between dependency, fear of relinquishing it, recoil from it, and personal hostility becomes in the case of schizophrenic persons so highly magnified and so overwhelming that it leads to unbearable degrees of anxiety and then to discharge in symptom formation. She feels that much more has yet to be learned about psychotherapy with schizophrenic patients, however. Many

of her remarks indicate that the problems of the anxiety of the therapist and counter-transference difficulties are areas where further progress needs to be made.

Section Five consists of four papers on general psychiatric problems of which "Notes on the Mother Role in the Family Group" are of special interest. She concludes: "The psychological and social role of the mother in the family is not fixed but changes according to various historical periods, countries, and cultures. We don't know yet to what extent the mother's attitudes are biologically founded, and to what extent they are due to culture. Therefore our suggestions as to an ideal and desirable maternal attitude are in their turn also not specific suggestions as to mother's attitude, but rather suggestions as to a *maternal principle,* this maternal principle ought to replace any kind of parental domination and grant the children the security of love, which is the fundamental psychological requisite for their normal growth and their development to later freedom and independence. This should be the ideal parental attitude, no matter whether it is father or mother who is the more able representative within the culture.

The last section, "On Loneliness," points out the interrelatedness between anxiety and loneliness, along with the need for further conceptual and clinical examination of loneliness in its own right and in its relatedness with anxiety, and that such scrutiny will reveal the essential role of real loneliness, as yet not fully recognized, in the genesis and understanding of the dynamics of mental disorders.

The papers are written in a lucid, straightforward way with sincerity and conviction. There is a refreshing absence of ambiguity and confusion. The only drawback of the book is the repetition of certain points and examples, which is unavoidable in a volume of collected papers.

—FRANK HLADKY, JR., M.D.

NORMAL CHILDREN AND THEIR MOTHERS. Irvin D. Harris, M.D. Free Press, Glencoe, Illinois, 1959.

In this book Dr. Harris describes the procedures and findings of a research team composed of a psychiatrist, a psychologist, and a social worker. There are many questions raised. What are normality and abnormality? What is the specific underlying principle of neurosis? The purpose of the book is to understand what goes on in so-called personality growth, and to add to already existing information about emotional growth, especially during childhood years. The author seems further interested in the possibilities of this study as it may contribute to aspects of therapy and of preventive psychiatry.

The author searches the writings of other workers in order to establish some basis for determining the criteria for normal behavior. He arrives at his own formulation based on the concept of behavior adjustment. He feels that this is the most practical approach, since the material was obtained by the observations of actual behavior. His use of this concept involved a broad approach, as he indicates in his statement: ". . . in the sense we used it, adjustment was a creative, dynamic phenomenon rather than a means for merely getting along with the environment at the expense of personal growth. For we had asked our judges to tell us not only how well the child was adapting to the environment, but also how happy, zestful and vigorous he was. As we shall see, the child's adjustment can be lively and dynamic, rather than monotonous and static."

The study concerns itself with the in-

vestigation of fifty-four boys and girls, ages eight to nine, and of their mothers. Material was obtained from the observations of the children's teachers and mothers, as well as from diagnostic tests and interviews by the research group. An orthodox psychoanalytic orientation was used throughout the collection and processing of the data. The mother's role was investigated with an enthusiasm equal to that of the investigation of the child, in the attempt to understand the "hows and whys" of the mother's handling of the child. The main emphasis made with regard to the father's role concerned itself with the effect of the mother on the relationship of the father to the child. It is regrettable that the other side of this— that is, the effect of the father on the relationship of the mother to the child —was not similarly explored. It would seem that this might have assumed greater importance in view of the investigators' wish to understand the mother's relation with the child, for it is so often inextricably involved with that of the father.

The author expresses his complete open-mindedness about the task he had set himself when he states: "If we had had to form an opinion about normality based solely on the external picture, we would have had to entertain the notion that there is not one kind of normality, but fifty-four kinds." It was found that different people's evaluation of the same child varied widely. One of the greatest difficulties of the study involved these variations in evaluation, as well as the complexities and varieties of family life surrounding each child. The workers repeatedly found, in each case, admixtures of normal and abnormal phenomena. This latter point is well elaborated in two lengthy discussions of two normal children and their mothers. There is an obvious ad-

mixture of neurotic and healthy characteristics in these children, and one comes away from the reading with the feeling that these children are generally representative of the "average" child, as one might encounter him in the classroom, on the playground, or in the home. There are the expected variations in their interest, dreams, and fantasies. There are also the variations of their responses toward each member of the research team, as well as variations and seeming contradictions of response of each person, including the mother, to each child. Because of the multidimensional approach to all of the persons interviewed, the element of individual bias does not assume the significant role it often does in clinical studies of this kind.

There is a carefully prepared and lucid section on the workings of the "loyalty bond." There the author discusses the "kinds of open and hidden strife between the parents and how the loyalty bond helps to continue in the child the conflict existing between the parents. . . . The loyalty bond is the factor that intensifies the continuity between the generations . . . it tends to perpetuate sameness and to create homogeneity out of heterogeneity. In whole-degrees, it [loyalty bond] brings like-minded individuals together in various ways. . . . In an atmosphere of strife, the loyalty bond takes on unwholesome aspects. . . . Resentment between parents, particularly of a hidden variety, can affect the children so that when they grow up, they are ready to renew the battle of the sexes."

Dr. Harris stresses repeatedly the great variations of behavior which may be expected in children. Anyone seeking to set up standards of behavior will find no support in this work. A reading of this book may increase one's appreciation of the fact that children, as well

as adults, are not "all sick" or "all well." This increased appreciation may be helpful for a broader grasp of the issues involved in the treatment of the neurotic patient.

—HELEN A. DeROSIS, M.D.

PSYCHOANALYSIS AND THE FAMILY NEUROSIS. Martin Grotjahn, M.D. W. W. Norton, New York, 1960.

Dr. Grotjahn deserves much credit for writing this book. It is a conscientious effort based on his own extensive personal experience as a therapist and training analyst. In addition, it bespeaks his wide acquaintance with the history and current literature in this very important area.

What is most refreshing is his flexible approach in dealing with problems involving families of the patient. He notes that some of these problems have too often been considered "hopeless because of the resistance of the patient." In these situations, Grotjahn has resorted to therapeutic and diagnostic interventions which a less courageous analyst might dismiss as "not really psychoanalysis, playing God, and unjustifiable manipulation."

Into these rather special situations, Grotjahn has brought his humility and his interest and understanding of family dynamics, and particularly his respect for the importance of unconscious familial communications. The latter aspect was very well highlighted by Johnson and Szurek in their paper, "The Genesis of Anti-Social Acting Out of Children and Adults."

Grotjahn's chapter on "Treatment of the Family Neurosis in Analytic Group Psychotherapy" is especially enlightening. Here he illustrates how one partner of a married couple in analysis, who feels the marriage to be bogged down, can benefit from having his spouse present at his individual and/or group sessions for a short time, thus exposing the particular neurotic interdependency. With the support of the group, dissatisfactions which previously could not be expressed or even felt, can often be experienced, seen, and aired in a more objective light, which then permits solid working through.

When Dr. Grotjahn sees a patient in the initial diagnostic interview, he is concerned with determining who is the *primary* patient, that is, which person is the one on whose condition the mental health of the family depends most. This focus may entail interviewing other or all members of the family in order to evaluate how therapy can best aid this particular family. Parenthetically, the primary patient may or may not be the sickest member, or necessarily the one who originally sought help.

On the positive side, there is also a nice balance of theoretical concern and clinical material.

Grotjahn also tackles the question of "The Training Analysis and Family Treatments." It is a problem which exists in every psychoanalytical institute, and his presentation, although it may be differed with, gives open expression to a subject which is far too often shrouded in secrecy.

On the negative side, I feel, is Grotjahn's static reference of all neurotic dynamics to the Freudian orientation of the Oedipal situation, penis envy, castration complex, etc. Such concerns as neurotic pride, self-contempt, inner conflicts resulting from socially engendered influences, and the ever-increasing grip of neurotic traits as the individual becomes more firmly entrenched in obstructive devices, are given little or no regard.

In his last chapter, "A Summary," an excellent job is done in a succinct review of the preceding 278 pages. It ends

with the optimistic paragraph, ". . . it is my hope that the clinical experience offered in these pages will encourage further research and will establish a line of communication between therapists searching for more effective techniques in analytic psychotherapy. A combination of the old tradition of the family physician and the modern tools of psychoanalysis will allow the new analytic family therapist to view the future with faith and hope."

The author says the aim of the book "is to present an analytic view of the neurotic marriage and the neurotic family. The psychoanalysis of a patient's neurosis must also consider the complementary neurosis which so often anchors the individual neurosis in the patient's environment and links the patient's unconscious with that of his partner in marriage or with members of his family. Without such understanding and therapy, an important tie of the patient to his neurosis may keep analysis from becoming effective."

I would say that Dr. Grotjahn has fulfilled that aim. I unequivocally recommend it to all psychoanalysts who are interested in family interaction. It is a stimulating exploration of a new and different approach to the problem, even though some of the technical concepts used are not totally adequate.

—LOUIS A. AZORIN, M.D.

CREATIVITY. Emanuel F. Hammer, Ph.D. Random House, 1961. 150 pp. $1.25.

Dr. Hammer, who is a research consultant at New York University, has been interested for some time, as have many others, in what makes creative artists creative and in what way the artist is different from the technician. The aim of the study reported in this volume was to "formulate hypotheses and find out what traits, feelings or at-titudes correlate with creativity." The subjects for the research project were gifted and promising high-school art students selected from various high schools in the New York-New Jersey area to attend the scholarship painting workshop at New York University. There were eighteen students in all, and over the course of the year-long work the faculty came to know the students and their work quite well. The faculty was then asked to judge which of the students were doing *truly creative* work and which *merely facile* work. Independently, Dr. Hammer administered a battery of psychological tests to each of the students and was able to uncover a number of factors which differentiated the "truly creative" from the "merely facile."

In the book there are five case studies of the "merely facile" and five case studies of the "truly creative," with the accompanying evaluation by the workshop faculty. There is some historical material, but in the main the data is obtained from psychological tests. The responses on projective tests were strikingly rich and although the sub groups were felt to be too small to warrant complete quantative comparison, the qualitative differences were impressingly consistent.

The "merely facile" group tend to value the outer appearances of things more than the inner substance. There is more reliance upon magical solutions to conflict. There was evidence of more immaturity, the responses were more often "popular" and not so original or personal. There is a preoccupation with failure and inferiority and a desire to give up competitive striving and take it easy. The "merely facile" show dependency cravings and conformity, a restriction of emotional content, but in interpersonal relationships they reach out toward others.

The "truly creative," by comparison, revealed highly symbolic, individualistic ways of looking at things with a great deal of emotion. However, they tend to feel detached from other people and see themselves as observers in their relationship to other people. There is clear-cut evidence for feelings of parental rejection, but they cope with this by activity and by striving for power. The males of the "creative" group frequently saw female images on Rorschach Card III where male images are customarily projected, and the frequent misrecognition of the sex of figures on the TAT combined to suggest a fusion of feminine and masculine components which the "facile" did not manifest. Thus the male "creative" subjects entertained some uncertainty as to their masculine identification and the reverse occurred in the females.

In contrast to the dependency needs of the "facile" group, the "creative" group revealed a sense of uniqueness and independence. In spite of this, the "creative" group showed evidence of emotional imbalance by *intrapsychic* conflicts as contrasted with "the more superficial interpsychic conflicts" projected by the "merely facile." Using findings of this nature the following year, Hammer tested a new group in the workshop and correctly placed nine out of eleven individuals in the "truly creative" or "merely facile" categories set up by the art professors. This gives him confidence that "the hypotheses appear to warrant continued investigation, study and experimental follow-up. . . ."

In the chapter entitled "A Composite of the Creative Personality: The Artist in the Flesh," Hammer tries to integrate the various personality traits and give a composite picture of the creative personality. The creative individual is an emotionally reserved person who tends to step back from situations in which one readily exchanges feelings with others, yet there is an inner responsiveness to emotional situations. He has experienced rejection and feels isolated and inferior yet ". . . his strength is in his capacity to make constructive use of his feelings of rejection. He appears to have converted his retreat from closeness to others into an emphasis upon self-directedness, independence, criticality, and individuality." In expanding on this theme, Hammer attempts to show how the creative individual makes use of his life experiences and inner feelings in a constructive way. This has been postulated by many authors—Freud, Rank, and Jung among them—but in this volume we have more specific evidence which is meaningful.

Thus, in the author's view, the creative individual has emotional conflict, suffers inner distress, and may have pathological inner imagery. Yet he is not "sick," for "a gifted person combines a conflicted emotional state with the ability for syntheses—a quality so lacking in 'sick' people—and an ability to improve, rather than to diminish, his adaptations . . . in him we see the height man can reach in achieving a triumph of health over illness."

This book is a step in the right direction. More studies of syntheses, of how conflict is resolved in constructive ways, are needed. Too long has the focus been on the pathological—how the patient got that way. We have long known that many individuals who have suffered great trauma have been able to lead meaningful, constructive lives, apparently having synthesized their experiences rather than becoming shattered by them. Too long has the quantitative aspect of the forces been focused on, rather than the qualitative. The ability to integrate in itself is creative—as dif-

ferentiated from the reactive, defensive, and rigid. Yet this study does not help us know how these individuals were able initially to cope with their conflicts except that they had a "talent" for art which helped them externalize in a constructive way. Because of the externalization and also the detachment in relationships I think one can question the statement "a triumph of health over illness." This does not detract from the fact that their creativity is more meaningful and constructive than many other ways of solving conflict, but emphasizes the need for clearer differentiation between ways of working through of conflict.

One questions the concept that even a creative use of externalization is "healthy" if it prevents facing the conflict and working it through, so that meaningful interpersonal relationships are formed and further growth of the individual continues. More study of creative individuals, as well as of what enables them to make constructive use of their conflicts and disturbing emotions, would further our therapeutic efforts to aid patients in breaking through the vicious cycles which result from neurotic solutions of conflict.

Very likely it would also enable us to differentiate more clearly between mechanisms which enable the individual to function, perhaps even creatively, and those which stimulate growth of the real self.

To return from the general applications of this work to its specific aim. The question that has to be asked is this: Will these creative individuals be the artists who can communicate on canvas to the coming generations? If the follow-up studies show this to be so, then the study has indeed been a success in correlating attitudes and artists with creativity.

—FRANK HLADKY, M.D.

THE MYTH OF MENTAL ILLNESS: Foundations of A Theory of Personal Conduct. Thomas S. Szasz, M.D. Harper, New York, 1961. $7.50.

Dr. Szasz's audacious work is a compound of strong elements of iconoclasm in Book I (The Myth of Mental Illness) and a novel and constructive approach to living in Book II (Foundations of a Theory of Personal Conduct). Concentrated, full of details, and showing evidence of much scholarly research and information, this book is stimulating and provocative throughout.

About a decade ago, Szasz became increasingly dissatisfied with the concept of mental illness, and now concludes that "today this concept is scientifically worthless and socially harmful." He states that the answer to the question, "Who is mentally ill?" is a silly one; it is "those who are confined to mental hospitals or consult psychiatrists in their offices." The question, "Is mental illness an illness?" in his view can be answered better only when goals are focused on understanding human beings rather than understanding mental illness.

Book I is designed to present an essentially "destructive" account of the concept of mental illness and of psychiatry as a "pseudo-medical enterprise." Book II attempts to offer a "constructive" theory to replace the "myth of mental illness" by presenting a systematic theory of personal conduct. Szasz states that he has endeavored to correct the omission from psychiatric theory of moral issues and normative standards by postulating a game theory of human living which enables us to combine ethical, political, and social considerations with the more traditional concerns of psychiatry and medicine.

In Book I he attempts to examine

the origin and development of hysteria and mental illness by re-examining Freud and Breuer's "Studies in Hysteria," surveying contemporary psychiatric attitudes toward hysteria, and critically analyzing connections between conversion hysteria and modern concepts of psychosomatic medicine. In Book II he attempts to make more explicit the notion that "so-called mental illness" may be like the problem of a person speaking a foreign language, and that to look for the "etiology" of a foreign language would be fruitless.

Introducing the rule-following-model as a frame of reference for hysteria and mental illness, Szasz inquires, "What kind of rules are there and how do they influence behavior?" He contends that social life, through the combined childhood experiences of dependence and of religious teachings which command men to behave stupidly and helplessly, as illustrated by statements from the New Testament, have influenced the medical profession to rest on the premise that the sinful, weak, and sick should be helped while those, by implication, who are self-reliant need not be helped, but may be burdened and taxed in various ways. He maintains that the rewarding of disability is a "potentially dangerous social practice."

According to Szasz, modern psychiatry at its inception committed the error of classifying hysteria as an illness in the mistaken belief that there were no significant differences between complex items of learned behavior and behavioral manifestations of defects of the body. Charcot succeeded in making hysteria acceptable to the medical profession but this was in the nature of a "social reform" rather than a scientific discovery, and was achieved at the cost of obscuring the logical character of observed phenomena. Charcot knew, to some extent, that he was deceiving himself in believing that hysteria is a disease of the nervous system.

Since the causes of tuberculosis, syphilis, and typhoid fever had been discovered by medical science, it was believed that this would be so with hysteria and mental illness. Because of the make-up of late nineteenth century psychiatry, hysteria was compared with malingering and "real illness," but physicians who wished to avoid condemnation of malingerers had to insist that such patients were "ill." In modern psychiatry this thesis is exemplified by the denial that a person may wish to impersonate illness, since in modern classification every feature of malingering is described as mental illness.

In today's psychoanalytic practice, as in nineteenth century medical practice, the therapist is the agent of the patient. In current Soviet medicine, where the physician is the agent of the state, the diagnosis of malingering is much more frequent than in Western countries, where it has been displaced by concepts of hysteria, neurosis and mental illness which are not, according to Szasz, "disease entities."

Answering his own question; "What is psychiatry?" Szasz states that the definition of psychiatry as a medical specialty concerned with the study, diagnosis, and treatment of mental illness is a "worthless and misleading definition." He states that "mental illness is a myth" and that psychiatrists are not concerned with mental illnesses and their treatment but, in actual practice, are dealing with personal, social, and ethical problems in living. He argues that the notion of a person having a mental illness is "scientifically crippling" in that it provides approval of a rationalization that problems of living expressed in terms of bodily feelings and signs and other psychiatric symptoms are similar to diseases of the body.

This notion, he continues, also undermines the principle of personal responsibility by assigning to an external source ("the illness") the blame for antisocial behavior.

The scientific challenge, he states, is to redefine the problem of mental illness so that it may be encompassed under the general category of the "science of man," medicine itself constituting only one of the disciplines contributing to the project. It is inevitable, states Szasz, that the disciplines of psychiatry and psychoanalysis must stand or fall with whatever value their special methods possess. Since their methods pertain to the analysis of communications and involve sign-using behavior, psychiatrists must delay no longer in describing their work in terms of these methods and concepts, which would necessitate a thoroughgoing "scuttling" of our notions concerning both psychopathology and psychotherapy. Psychopathology should be conceived in terms of object relationships, sign-using, rule-following, and game-playing. Psychotherapy should be systematized as a "theory of human relationships" involving special social arrangements and fostering certain values and types of learning.

Choosing the bodily signs of conversion hysteria as typical, Szasz states that hysteria, or any mental illness, may be considered an indirect communication or language which is used ambiguously, usually in order to give the recipient of the message a choice between several alternative replies. The language of illness which is used to make contact with others when no real language is available is used by the lonely and impoverished who hope to "get something" when they fail to obtain it in other ways. This message of nonspecific help-seeking is misinterpreted by the dedicated psychiatrist as "illness," yet this whole imagery is false. Instead of mental illness, says Szasz, what faces us is simply a human condition in which we hear cries of help and see their pictorial representations.

In discussing witchcraft of the middle ages, he states that the contest in the Christian "game of life" between the theological persecutor and the witch is closely paralleled by the "institutional" psychiatrist and involuntary mental patient, with the former always the victor. "The concept of mental illness serves the self-seeking interests of the medical and psychiatric professions just as the notion of witchcraft served the interests of theologians acting in the name of God."

He submits that anyone who acts sick in the presence of people therapeutically inclined runs the risk of being accepted in the impersonated role of sickness. The danger is that he receives help only if he accepts the sick role and all it implies for the therapist. The alternative to this "sickness game" lies in abolishing the ill and healthy categories of mental illness for "so-called psychotherapy" and in candidly recognizing that we "treat" patients in psychotherapy and analysis not because they are sick, but because they desire this type of help, have problems in living for which they seek mastery, and because we wish to and are able to participate in their "education," since this is our professional role.

In psychoanalytic treatment, the analyst seeks to unravel the patient's "game of life" and Szasz considers that this game-analytic model of human behavior, by uniting elements of sign-using and rule-following, if used in psychiatry, will constitute the beginnings of a "science of human living." One of the aims of analysis is to induce the patient to relinquish his indirect communications (transference) and to substitute straightforward English for

them. This is accomplished by placing him in the analytic situation where hinting is not rewarded as it might be in ordinary life, but direct communication (absolute truthfulness, etc.) is. The patient is induced to substitute for indirect, a new direct communication and is taught to examine his particular pattern of object relationships.

He points out that people are, in effect, playing games with themselves and others and that "cheating" is applicable to the behavior of game playing, which deviates from the agreed upon and correct rules, and he includes patients with malingering, the Ganser syndrome, and hysteria, all of whom "cheat" by altering the rules to maximize their advantage. Psychiatric patients impersonate the sick role and invite "treatment" in accordance with the rules of the medical game. Psychiatrists and analysts, by accepting the "problems" of their "patients" as "illness" commit a complementary act of impersonation; they impersonate physicians and play the role of medical therapists.

For adults, the game model of human behavior appears well suited for unifying psychology, sociology, and ethics. Szasz states that the loss of a satisfactory personal identity is likened to modern man's inevitable loss of the games he played early in life. Modern man cannot play the same sort of games he played as a child, or which his parents played, and remain satisfied with them. As he grows chronologically older, he must relinquish old games and learn to play new ones. Failing this, he is forced to play new games by inappropriate and inadequate old rules (the only ones he knows) and this basic inappropriateness of games leads to conflicts in living which the modern psychotherapist is asked to treat.

Szasz characterizes hysteria, malingering, and dependency reactions as a "strike" against living, i.e., a person's outright unwillingness to relinquish playing the old game. The "transference neurosis" and "neurotic character structure" are likened to a game conflict which consists of superimposing old goals and rules upon new games. A type of game conflict which he calls "general disappointment reaction" develops from the person's realization that no game is worth playing, which seems to correspond with "hopelessness" in our scheme of analytic theory and practice.

He concludes that the games of life are infinite. Modern man can despair over the lost utility of games previously and painfully learned, whose rules are inadequate to the task at hand. This includes people who cannot tolerate repeated disappointment and thus long for the security of stability even if it must be purchased at the price of personal enslavement. The alternative is to attempt to persistently learn and relearn skills appropriate to the current game of life, which is ever-changing. As social conditions undergo rapid change, old games must be scrapped and new ones tried, but most people are unprepared to shift from one type of game playing to another. They attempt to live out their lives by playing the same game repeatedly, but since the social game of life demands flexibility, it is impossible to survive with such rigid patterns of conduct.

Being psychoanalyzed, although possibly being a form of slavery itself, can also help one to become a student of living. Given the ability to learn, success in analysis requires the desire to learn and change. Although none of us can afford to become discouraged, religious and national myths, and, lately, psychiatric theories, often mislead the student of life rather than clarify ways of helping him to help himself. Szasz

states: "Bad teachers are worse than no teachers at all. Against them, skepticism is our only weapon."

Acknowledging that the theory of game playing is not novel and that he has borrowed from Adler, Horney, and Kardiner, Szasz states that he has attempted to develop a systematic theory of personal conduct free of all references to so-called biologic needs. He wishes to reject biologic considerations as explanations and instead attempts to construct a consistently psychosocial explanatory scheme. His main contentions are that childishness, immaturity, and hence "mental illness," are learned in childhood and that the Bible fosters patterns of disability. In analysis, the person is taught and learns that the game he has been playing is not the same as those around him and, unless he finds others to play his game, his choice is either to submit to others' coercive rules and play the sado-masochistic game, to withdraw into neurosis and psychosis, or to become aware of his own games as well as those of others and to try to make compromises among them. The latter is arduous but guarantees the integrity of one's own self and others with whom one interacts.

In discussing actual analytic technique, Szasz rests his scheme on the premise that one begins on a level of communication familiar to the patient, then moves toward increasingly new levels of communication until, ideally, a multidimensional picture of the patient's human condition, past and present, is revealed to him and the "end-goal" of analysis is the adequate development of this picture.

Much of the foregoing is familiar to most analysts. I disagree with the notion that the "end-goal" of analysis is solely the development of a full self-picture, but I see the task as much more an attempt to help the patient toward self-realization with regard to himself, others, his work and his rightful place in the world. The analysand must somehow be helped to reduce his alienation from the real sources of his zest and spontaneity, i.e., his real self, in order to release his creative energies. It seems as though Szasz, while retaining some Freudian ideas, is closer to the cultural view in rejecting biologic explanations, much as Horney did. However, the reduction of alienation, which involves the careful working-through of conflicts between opposing character trends, or the significance of anxiety arising from intrapsychic conflicts, or, for example, the anxiety stemming from inability to live up to perfect standards of internalized self-concepts, are not considered in Szasz's scheme in this book.

In our orientation, although current problems are faced by examining characteristic ways in which one approaches interpersonal, social, and ethical problems and the compulsive nature of "shoulds" in perpetuating rigid behavior is carefully worked through, emphasis is placed on the powerful force of the unconscious in keeping suffering people crippled. Szasz implies that patients are more responsible for their plight than they actually are, and seems to minimize their very real helplessness in the face of driving forces toward self-frustration and self-destruction of which they are unaware and which are not under the control of their conscious will. Also, in emphasizing the interpersonal aspects of human interaction with its emphasis on communication (he quotes Sullivan extensively), Szasz neglects man's inner relation to himself in both its healthy and maladapted aspects.

The secondary gain and personal responsibility themes I think are useful up to a point, but, as Adolf Meyer suggested, since all mental illness is a mat-

ter of "the more and the less," to imply that all mental illness is "mythical" is too general. For when a person is severely crippled by feelings of alienation, self-rejection, guilt, and self-hatred, he is genuinely helpless and irresponsible and is as sick as an individual suffering from a fractured pelvis, a cardiovascular accident, or severe coronary insult and, oftimes, his suffering is far more intense. Such emotional states require what can only be regarded as "treatment" in the medical sense in that the psychiatrist, through his personal presence and communication, must painstakingly "care" for the patient over a period of years, if necessary, in order to help him to mobilize his resources toward even minimally healthy functioning, if not self-reliant, productive living. In short, anyone who has seen acutely psychotic individuals of various types in hospitals or who has treated a severely alienated and hopeless patient in his office can arrive at no other conclusion but that the patient is sick and suffering from an "illness," which is recommended as a label until a much better term can be invented.

Of schizophrenia, Szasz says little, not noting the possible organic etiology of this condition which is being investigated as an "illness" in certain of the medical centers of this country.

The book contains much that is useful, particularly the game theory of life which can serve to enrich one's views of patients' and others' lack of consistent rules for themselves, and their "cheating" on their own rules where they do exist. I find the game theory a fresh and invigorating view of the analytic relationship and family relationships in that people relating inappropriately to one another are either playing different games with different rules, are secretly altering the rules (cheating), or are ignorant of rules (ethical and moral

values) which are within their reach and would make the game enjoyable and worth playing. Concerned with moral values, Horney more than a decade ago indicated in her chapter "The Morality of Evolution," in the book *Neurosis and Human Growth,* that man's primary ethical responsibility is to grow and evolve as a whole person. While Szasz's ideas of "cheating" in the game of life are relatively new, analytic ideas of ethical and social considerations as part of healthy conduct are at least as old as Horney's modern ideas.

In emphasizing the need to specify normative values, Szasz mentions that Freud never committed himself on normative standards, as exemplified in the concept of "genital primacy" as a norm of adult functioning, which was postulated without specifying the desired socioethical context, i.e., marital or extramarital etc. I hold that an important aspect of our task is to help the patient to replace inappropriate, pressuring, internalized standards with rules, within his reach, which will enable him to find his own more rewarding life-game in our culture.

In indicating that psychiatrists regard social problems of living as "mental illness" for their own peace of mind, one wonders whether Dr. Szasz, being by nature skeptical, has not found excellent targets for criticism in the acknowledgedly still-evolving, controversial fields of psychiatry and psychoanalysis and that, despite his early statement in the book that he is not attempting to "debunk psychiatry," has tended to be hypercritical of concept which is still experiencing the growing pains of clarification. It is noteworthy that Kierkegaard referred to a certain kind of alienation and hopelessness as "The Sickness unto Death." It is suggested that the designation "mental illness" be reserved for severe and chronic psy-

choses and organic brain diseases with psychotic manifestations, while the term "emotional illness" would be more suitable for neurotic and character disturbances.

This book, which was written in great detail, tends to be somewhat repetitious. Nevertheless, Dr. Szasz is to be congratulated for the editing task he has accomplished in attempting to clarify a theory which is complex in its de-velopment. Although much of the contents are familiar to most of us, his "theory of personal conduct," which comprises two-thirds of the book, is a genuine and original contribution. The book is recommended to those of us who do not mind a sharp self-scrutiny by one of us, but only with reservation to psychiatrists and analysts who may be hypersensitive to criticism.

—JASON MILLER, M.D.

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